

W. P. Ham
ELEMENTS

OF THE

PRACTICE

OF

PHYSIC.

PART THE SECOND.

CONTAINING

The HISTORY and METHODS of Treating

FEVER

AND

INTERNAL INFLAMMATIONS



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OF

THE UNITED STATES

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The History and Methods of Teaching

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CONTENTS.

PROEMIUM

Page 1

<i>The general Doctrine of Fevers</i>	3
<i>The Plague</i>	13
<i>The violent Fever</i>	16
<i>The Inflammatory Fever</i>	20
<i>The low, nervous Fever</i>	22
<i>Intermittent Fevers</i>	25
 <i>The general Doctrine of Inflammation</i>	 29
<i>Internal, phlegmonous Inflammations</i>	39
<i>The Inflammation of the Brain</i>	40
<i>The Angina</i>	43
<i>The Peripneumony</i>	48
<i>The Pleurisy</i>	54
<i>The Inflammation of the Intercostal Muscles</i>	58
<i>The Inflammation of the Mediastinum</i>	59
<i>The Inflammation of the Pericardium</i>	ib.
<i>The Paraphrenitis</i>	60
<i>The Inflammation of the Intestines</i>	61
<i>The Inflammation of the Stomach</i>	64
<i>The Inflammation of the Rectum</i>	65
<i>The Inflammation of the Substance of the Liver</i>	66
<i>The Inflammation of the Membranes of the Liver</i>	69
<i>The Inflammation of the cellular Membrane lying under the Psoas Muscle</i>	70

C O N T E N T S.

<i>The Inflammation of the Substance and external Coat of the Kidney</i>	page 72
<i>The Inflammation of the Bladder</i>	76
<i>The Inflammation of the Womb</i>	80
<i>The Inflammations of the Mucous Membrane</i>	85
<i>The Catarrh</i>	87
<i>The Erisipelatous Sore Throat</i>	98
<i>The Cholera Morbus, Diarrhœa, and Dysentery</i>	102
<i>The Venereal Disease</i>	112
<i>The Gonorrhœa Benigna</i>	135

P R O E -



(1)

P R O E M I U M.

A DISEASE is an alteration of the chemical properties of the solids, or fluids; or of the organization of the body; or of the action of the moving power, producing an inability or difficulty of performing the functions of the whole, or any part of the system; or pain; or a preternatural evacuation.

All diseases are brought on by some external application to the body or mind; and this is called the *occasional cause* of a disease.

An occasional cause may act,

1st, Immediately; *i. e.* when it immediately brings on the disease without any previous alteration.

2dly, Intermediately; *i. e.* when it occasions some other alteration in the system, of which the disease is the consequence.

Certain states of the human frame render it more liable to particular diseases. The causes of these are called the *predisponent causes*.

The alteration produced is the disease, and is the proximate cause of the symptoms, or external appearances, by which we judge of it.

B

A dis-

A disease seldom remains in the same state, but either increases and kills, terminates in another distemper, or produces some action or motion in the body, by which it is cured. This is called the *natural cure*.

The danger may arise, 1st, From the disease itself: 2dly, From the natural cure: 3dly, From another distemper following the primary one: 4thly, From the weakness brought on during the progress of the disease.

A disease may be cured,

1st, By assisting the natural cure.

2dly, By imitating it.

3dly, By avoiding accidents during its progress.

4thly, By applying remedies which will effect a cure in a manner different from the natural one.

T H E
Symptoms, Distinctions, Prognostics,
A N D
INDICATIONS OF CURE,
WITH
T H E R E M E D I E S
I N
F E V E R S.

TH E periods of fevers begin with the following symptoms.

(a) Languor, weariness, weakness, insensibility of the extremities, cold and trembling, pain in the back.

Symptoms of the cold fit, or first stage.

(b) Horripilatio; paleness, a dry, foul tongue, and thirst; transparent urine; costiveness; and suppression of other secretions; paleness and dryness in ulcers; a frequent, small pulse, sometimes intermitting; pain in the limbs, joints, and forehead; blindness; *delirium*.

(c) Anxiety; oppression and swelling about the *præcordia*; quick and laborious respiration, sometimes with a cough; rigor, and horror; flatulencies, loss of appetite, *nausea*, and vomiting.

According to the violence of these symptoms at any time of the disease, the fever is violent; and when they are intirely carried off, it is cured.

These are produced by

1st, Certain passions of the mind suddenly excited; the principal of which are fear, grief, and anxiety.

Causes.

2d, Cold.

B 2

3d, Putrid

3d, Putrid, variolous, morbillous matter, acting upon the irritable parts.

4th, Retention of certain substances in the *primæ viæ*, as indigestible food in the stomach; *fæces* in the intestines.

5th, Changing of customs or climates, to which the body has been habituated; at least assisting the other causes.

These causes, except variolous, morbillous matter, produce fever immediately, without any previous alteration.

Any two of them acting together, are more powerful in exciting the disease, than one singly.

They act more certainly on irritable habits.

Unless when the symptoms of the first stage destroy the patient, they are followed by

2d stage, or
hot fit.

RIGOR, and HORROR; heat rising from the præcordia, and diffus'd from thence over the body irregularly, unequally, and flushing; a strong, full, obstructed pulse; or a very frequent, small one; great pain in the head, and joints; *stupor* and *delirium*; universal soreness; redness arising in different parts irregularly; the urine high coloured, but perfectly transparent; sweating in the head and breast, or over the whole body; partial secretions; *petechiæ*.

The symptoms of the first stage are gradually relieved.

Crisis.

At last the pulse becomes free; all the secretory organs are relax'd; hence the skin grows soft and moist, the tongue likewise is soft and moist, the belly is open, and the urine in greater quantity, not perfectly transparent when discharged, after a little time becoming turbid and opaque, and at last depositing a copious sediment: the secretions are often greatly increased; there arises a copious and universal sweat, or a purging, or great flow of urine. The

The frequency of the pulse, and all the other symptoms of the first and second stage gradually subsiding, the patient recovers his health, but is considerably weakened.

Or there arises an inflammation or hæmorrhage in some part of the body, the symptoms of the first stage suddenly disappearing, or being greatly diminished.

During the whole period, the blood continues the same in all its sensible qualities, sometimes throwing up the coagulable lymph, and coagulating firmly, sometimes having its natural appearance, and sometimes coagulating loosely.

F E V E R S are,

The EPHEMERA SIMPLEX, consisting of one period only. Species.

RECURRENT FEVERS, consisting of more than one period, no single one lasting more than twenty-four hours, or till the following evening.

RECURRENT FEVERS are,

The INTERMITTENT, in which the symptoms of one period go off intirely before a second arises, or there are only left a slight pain in the back, a foul tongue, some contraction and paleness on part of the skin, with languor. Varieties.

The REMITTENT, in which the patient is greatly relieved; but the pulse continues frequent, and several other symptoms are not carried off before the second period begins.

The CONTINUED, in which one period begins before the former is considerably abated.

Fevers recur in consequence of

1st, Symptoms of the first stage continuing after the crisis.

2d, Fresh occasional causes.

3d, The natural evening paroxysm of fevers.

4th, A habit acquired.

5th, The action of types.

Types.

In intermittent fevers, the disease is more apt to recur at the end of 48 hours from the beginning of the former period, than at any other interval; such are called *Tertians*: next to this it is more apt to recur at 24 hours, when they are called *Quotidians*; or at 72 hours, when they are called *Quartans*; but there are instances of their occurring at all other intervals.

QUOTIDIANS are frequently converted into TERTIANS, and TERTIANS into QUARTANS.

The symptoms indicating strong action of the vessels, often happen in *Quotidians*; the symptoms of the first stage are violent in *Tertians*; and those indicating weakness, are frequently found in *Quartans*.

But symptoms of strength and weakness occur sometimes in all the types.

In fevers recurring at the end of 24 hours, when every second period is more violent, they are called *Double-Tertians*; when every third, they are called *Triple-Quartans*.

In Continued-Fevers the exacerbations happen commonly every day in the evening, and are equable at the beginning, but gradually increasing: in the middle every other one is more violent; and at the end every third, when they likewise gradually decrease.

In continued fevers at the beginning, for most part, the vessels act strongly; at the end weakly.

In all fevers, the more violent the attack at any particular period, the greater chance there is of the
paroxysm's

paroxysm's running thorough its stages, and producing a perfect crisis.

In continued fevers left to themselves, more violent exacerbations oftner happen on the fourth, fifth, seventh, ninth, eleventh, thirteenth, fourteenth, seventeenth, and twenty-first days, than on any others.

On those days the periods either go thro' all their stages, and a perfect freedom from the disorder is produced, (in which case for most part it does not recur;)

Or the disease goes off by the exacerbations becoming gradually less and less, and being followed by imperfect critical symptoms.

The danger arises from the violence of the symptoms of the first stage, and the *delirium* produc'd from thence; or from too strong an action of the vessels; or from great weakness and irritability.

Prognostics.

The first is indicated by the disease's being preceded by long-continued languor, weariness, and weakness: its being attended by great prostration of strength; the skin's being rough, dry, and unequal; ulcers becoming perfectly dry; the pulse being much contracted, quick, and intermittent; the tongue and mouth's being dry, the tongue covered with a dry, rough furr, and the thirst unextinguishable; the urine's being pale, perfectly transparent, and in small quantities; the nails, fingers, and feet, remaining cold and pale; the nose sharp, temples and eyes hollow; skin of the forehead contracted; ears cold; and face universally pale, or of a dusky colour: the breathings being short, quick, and laborious, the patient moving his nostrils; the *præcordia* tense, swelled, and hard; the anxiety and restlessness great; watchfulness, or restless and unrefreshing sleep, the patient waking somewhat delirious; the imagination hurried; the patient picking the hairs off the bed-cloaths, and hunt-

Violent symptoms of the first stage.

Symptoms of
strong action
of the vessels.

ing flies; the thirst going suddenly off; violent delirium, or a total insensibility, or convulsions appearing.

The second is indicated by a hard, full, strong pulse; a great redness; a quick respiration; a dry white tongue; great pain in the head and joints; sweating about the head and breast, or all over the body; red swelled eyes; *stupor*, *delirium*; convulsions.

Symptoms of
Weakness and
Irritability.

The third is indicated by, partial, or universal, or cold colliquative sweating; purging; tears; great secretion of urine; or any other partial secretion, the rest not taking place at the same time; urine with a mucous cloud or sediment; symptoms of putrid blood, as a black furr upon the tongue, *petechiæ*, putrid secretions, as putrid *fæces*, &c. foetid breath, thick and black urine. A small, quick, trembling pulse; the patient lying seemingly stupid, without much uneasiness; or on his back with the legs and arms extended, slipping out at the foot of the bed; fainting when in an erect posture, or upon any evacuation; *delirium*; *subfultus tendinum*; the *fæces* and urine evacuated without the knowledge of the patient; the pulse lost in the arm.

Symptoms
shewing the
mode of con-
tinuance.

When the symptoms of the first stage come on with great violence, the disease is oftener an *Ephemera Simplex* or *Intermittent*, than a Continued Fever.

When the symptoms (*a*) of the first stage attack the patient more violently in proportion to (*b*) (*c*), the disease is apter to be continued, and *e contra*.

When the *Tertian* type is evident on the first days of a Continued, it is generally changed into an Intermittent.

The more perfect the crisis, the less danger of a relapse, and *e contra*.

Continued fevers, whose types are changed by evacuations, are less apt to be cured by a crisis, and have
more

more imperfect crises than those running through their natural periods.

Fevers, which in the beginning are neither attended with strong symptoms of the first stage, nor those indicating great strength or weakness, generally continue long.

Fevers that are continued, and have the symptoms of the first stage violent, are, the *Plague*, *Malignant Fevers*.

Varieties of continued fevers.

Continued fevers, in which the symptoms of the first stage are at the beginning slight, if attended with symptoms of strong action of the vessels, are *Inflammatory Fevers*; if otherwise, low *Nervous Fevers*.

Indications of CURE in FEVERS.

I. INDICATION. All applications increasing the disease, rendering the hot fit irregular, or disturbing the natural periods, are to be avoided.

Indications of cure.

(A) The food is not to be of difficult solution or fermentation; flatulent; producing an adhesive solution; disagreeable to the stomach; nor in too great quantity,

Proper Substances for FOOD are,

(a) Decoction of rice, barley, oats, &c.

(b) Barley, oats, rice, &c. shelled, and afterwards boiled; or fermented, baked into bread, and afterwards toasted.

(c) Broths of pullets, lean mutton, and beef.

(d) Pullets about nine months old, roasted, or boiled.

(e) Whittings, flounders, soals, dace, roach; these fishes however are seldom to be used.

(B) The *Primæ Viæ* are to be cleared of any offending

fending matter, by gentle emetics and laxatives, or glysters, according to the strength of the patient.

(a) Proper laxatives are, sal glauberi verus, tartar vitriolatum, tartar solubile, pollychrestum rupellense, sulphur, radix rhei, manna, cassia, tartar, fructus tamarindorum.

(b) Laxatives used in glysters are, decoctum commune pro clysmate, sal commune, sal glauberi, oleum lini, sacharum rubrum, electarium lenitivum.

(C) External heat and cold are to be avoided, as are likewise sudden changes from the one to the other, and air unfit for respiration.

The bed-chamber is to be large, and heated when necessary by fewel burning in an open fire-place; or cooled by sprinkling the floor with infusions, or distilled waters of some of the aromatic herbs, such as thymus, rosmarinus, lavendula, rosarum flores; and the bed is not to be exposed to currents of air.

(D) Sleep may be procured by

(a) Attention to an uniform murmuring noise.

(b) Antispasmodics and sedatives, as oleum dulce, oleum æthereum in spiritu vini soluta et aqua commixta.

(c) Opium, which is seldom useful, frequently prejudicial.

(E) Putrid air, fear, grief and anxiety, are to be avoided.

II. INDICATION. Accidents arising from too strong action of the vessels, are prevented;

(A) By bleeding, according to the strength of the patient, and violence of the symptoms of the 1st stage.

(B) By

(B) By using such food as affords little nourishment. [Vid. Ind. 1st. (A) (a)].

(C) By sedatives given internally, such as Acidum vitriolicum, muriaticum, limonum, tamarindorum, berberis, mororum.

(D) By laxatives, so as to procure two or three stools.

Vid. [Ind. 1st. (B) (a)]

III. INDICATION. The strength is to be supported, when the symptoms of weakness come on.

(A) Stimulants and antispasmodics are to be given according to the weakness, such as sack, madeira, mountain, port, claret, moscus, camphora, castor, alkali volatile.

It hath been the practice with this view, to give the spices, and other similar stimulants; but as they generally quicken the pulse, and greatly increase all the symptoms of Irritability, I think they ought to be laid aside; blisters, upon the same account, are not so useful for this purpose.

IV. INDICATION. Irritability arising towards the end, is to be taken off,

(A) By acids. Vid. [Ind. II. (C)]

(B) By cortex peruvianus, if there are remarkable remissions, or a general freedom in the secretory organs.

V. INDICATION. The symptoms of the first stage are to be taken off, or diminished.

(A) By giving internally medicines to relax the small vessels throughout the system by their action on the stomach, such as nitrum commune, ammoniacum com-

commune, all the other neutral salts, radix ipecacuanhæ, radix fenecæ, præparationes antimonii, aqua frigida.

(B) By external applications producing inflammation, such as cantharides, femina sinapi.

The gentle stimulants, commonly called *Diaphoretics*, as contrayerva, &c. have been used internally by many practitioners for this purpose; but their action is extremely doubtful.

VI. INDICATION. The disease is to be prevented from recurring,

(A) By taking off symptoms of the first stage remaining after the crisis, and facilitating the reproduction of the disease. Vid. [Ind. V. (A)]

(B) By counter-acting the cold fit, before, and at the time of the accession.

(a) Vid. [Ind. V. (A)]

(b) By the application of stimulants and antispasmodics; (1) externally, as allium, sinapi, aromata; (2) internally, as the aromata, alkali volatile, opium, moschus, camphora.

(C) By medicines preventing any application from affecting the system, so powerfully as it would do naturally, (i. e. destroying irritability) such as cortex peruvianus, vitriolum et muria ferri, vitriolum cupri, alumen, cortex fraxini.

The P L A G U E.

IT is always produced by putrid vapour applied to **Causes.**
the body, sometimes acting as the sole cause,
sometimes in conjunction with others ; and more or
less powerfully, according to the irritability.

Of all continued **FEVERS** this attacks the patient **Distinctions.**
with the most severe symptoms of the first stage :
these too increase in it the fastest at every exacerba-
tion, and produce the symptoms of weakness the
quickest, particularly those of putrid blood.

In cold climates the symptoms of strong action of
the vessels often appear at the beginning with great
violence.

For most part the symptoms of the first stage arise **Prognosis.**
to so great a height, as to kill the patient before the
end of the first week.

The putrid vapour in the air, may perhaps be de- **General pre-**
stroyed, by impregnating it with acids ; as, by burn-
ing great quantities of wood, or detaching great
quantities of concentrated muriatic acid from sea salt
by the vitriolic, and evaporating it. **vention.**

Fear, grief and anxiety, indigestible and flatulent **Particular**
food, costiveness, cold, and the other causes of fever, **prevention.**
are to be avoided as much as possible.

Medicines destroying the irritability of the body
may be exhibited (as a glass of wine) when any one
is unavoidably exposed to the infection in circum-
stances where it would act more powerfully. The
bark may be used as a preservative, in the following,
or a similar form.

(No. 1.) R Vin. Rubr. Lusit. ℥ij

Cort. Peruv.

— Cinam.

} a a ʒ ij

Digere

Digere per horas xlvij Calore 100 Grad. Therm.
Faren. et col. Capt. Coch. iiij ter indies.

Cure.

The fever is to be put a stop to, if possible, by the most powerful means of taking off the symptoms of the first stage.

(No. 2.) $\mathcal{R}$ Pulv. Ipecac. Gr. vi ad xij.

Tart. Emet. Gr. i. ad iiij. Ft. Pulv.
Emet.

Vel. Ft. cum Syr. Scilit. q. f. Bolus Emet.

Vel. $\mathcal{R}$ Tinct. Ipecac. $\mathfrak{z}$ ss ad $\mathfrak{z}$ j.

Tart. Emet. gr. j. ad iiij. Ft. Haust.
Emet.

Cap. Vesp. Hora ix Superbib. Infus. Cham. vel
Card. Benedict. nequaquam tamen ultra modum ur-
geatur vomitus ; in lecto etiam detineatur æger.

After the operation of the emetic, the patient is
to be laid in cotton or flannel, his head bound round,
and when warm the following draught is to be given.

(No. 3.) $\mathcal{R}$ Aq. Menth vulg. vel Cinnam. Ten.
vel Alexit. simpl. — $\mathfrak{z}$ jss

L. L. — — gtt x ad xxv. vel
Syr. Diacod. — $\mathfrak{z}$ jss ad $\mathfrak{z}$ vi.

Aq. Menth Spir. vel Nuc. Mosch. vel.
Cinam. Spir. — $\mathfrak{z}$ ij.

Syr. Moror. — — $\mathfrak{z}$ ij.

If a sweat can be rais'd by these means, it is to be
kept up by relaxing medicines.

(No. 4.) $\mathcal{R}$ Tart. Emet. gr. $\frac{1}{4}$ ad gr. j.

Sach. Alb. gr. x m. Ft.

Pulv. Capt. quartâ vel sextâ quâque
horâ cum Haust. sequent.

$\mathcal{R}$ Aq. Menth. vulg. $\mathfrak{z}$ iss. Nuch. Mosch.
 $\mathfrak{z}$ ij. Syr. Moror. — $\mathfrak{z}$ ij m Ft. Haust.

If

If the vomiting should continue, it might perhaps be adviseable to add a few drops of laudanum to the draught.

The patient is to drink copiously of any warm watry fluid at the same time.

If by this means the fever should be carried off, the following medicine may be made use of to prevent a relapse.

(No. 5.) $\mathcal{R}$ Pulv. Cort. Peruv. Subt. $\mathfrak{z}$ ss. ad $\mathfrak{z}$ j.
Ft. Pulvis.

Vel. Cum Syr. Croc. q. f. Ft. Bolus.

Vel. $\mathcal{R}$ Aq. Alexit. $\mathfrak{z}$ jss.

Pulv. Cort. Peruv. $\mathfrak{z}$ ss. ad $\mathfrak{z}$ j.

Syr. e Court. aur.

Aq. Cort. aur. Spir.

} a a $\mathfrak{z}$ ij:

Ft. Haust.

Capt. iv^{ta} vel vi^{ta} quâque horâ.

If the symptoms indicating strong action of the vessels should be violent, it may be necessary to take away a little blood. No solid food is to be used.

From the descriptions given, and methods of cure applied by the different authors, who have treated of the PLAGUE in the cold climates, the above seems to be the most promising means of saving patients, who would otherwise certainly be destroyed.

An inflammation of a lymphatic gland, sometimes arises at the beginning, and diminishes or entirely carries off the fever. This inflammation is never to be taken off, but always brought to suppuration.

The Violent FEVER; otherwise called
the Putrid, Malignant, Jail, Camp,
Hospital, or Petechial FEVER.

Causes.

IT generally proceeds from the same causes that produce the plague, only not applied in so great a degree.

Distinctions
and Prognos-
tics.

This fever attacks the patient with violent symptoms of the first stage; particularly with those mark'd (a). The cold often returns alternately with the heat, for the first 24 hours; the symptoms indicating strong action of the vessels sometimes appear, but seldom to any great degree; the fever increases greatly every evening, so that *delirium* often comes on about the beginning of the second week, and with the other symptoms of the first stage kills the patient: otherwise each exacerbation becomes less towards the end of the second week and afterwards; the *delirium* is converted into a *stupor*; the crisis happens from the beginning of the second, to the end of the third week; or the disease gradually leaves the patient, with very imperfect critical symptoms. From the middle of the second week, and sometimes sooner, the symptoms of weakness, particularly those indicating putrid blood, begin to appear; especially if bleeding and stimulants have been used, and often arise to such a height as to prove fatal.

Sometimes, although seldom, an inflammation arises at the beginning, alleviating, but hardly ever entirely terminating, the disease.

When putrid vapour is applied, it sometimes produces at first, only some of the symptoms of the first stage, which continue several days, till a fresh cause
of

of fever gives occasion to a considerable increase of them followed by a hot fit, and the fever proceeds as above.

The air is frequently to be changed in places where it is liable to putrify, and the putrid matter that has been generated, is to be destroyed by acids converted into vapor. General Prevention.

As in the PLAGUE.

If some few symptoms only arise from putrid vapor, they are readily carried off by the emetic (No. 2.) and draught (No. 3.) or by (No. 4.) Particular Prevention.
Cure.

No blood is to be taken away, unless the symptoms indicating strong action of the vessels, which are enumerated page [5] be severe, or the patient be very plethoric, and even then, with caution; and the bleeding hardly ever requires to be repeated.

We are to endeavour to lessen the fever at the beginning, by the emetic (No. 2.) and the stomach is to be settled by (No. 3.) but sweating is not to be attempted.

If the fever continues, in the evenings following that in which the emetic was given, until the fifth day,

(No. 6.) $\mathcal{R}$ Sach. Alb. gr. xx.
Tart. Emet. gr. fs. ad gr. j. divid. in
Pulv. ij. Capt. unum hora viij alterum
hora xj. Vespert. cum Hauſt. (No. 4.)
vel sextâ quâque horâ.

At the beginning, through the whole periods, gentle sedatives may be used, as

(No. 7.) $\mathcal{R}$ Aq. Menth. vel Cinnam. ten. vel
Alex. $\mathfrak{z}$ iss Succ. Limon. vel Moror-
um, vel Acid. Vitr. vel Mur. q. s.
ad gratam acedin.

C

Syr.

Syr. Violar. — — ʒj.

Ft. Haust. quartâ quâque horâ sumend.

If the belly be not sufficiently open, to one of the draughts may be added

(No. 8.) Add. Haust. Suprapræscrip.

Sal. Glauber. ver. ʒj ad ʒij vel Tart.

Vit. ʒss ad ʒj vel Tart. Solub. ʒi ad ʒjss.

Small doses of neutral salts have been exhibited at this time of the disease, but for the most part without any sensible advantage.

If the symptoms of the first stage should increase with great violence in the second week, particularly delirium, blisters are often applied to the head and back, with great advantage; but blistering the patient from head to foot from this time to the end of the disease, exhausts his strength, quickens the pulse, produces petechiæ, renders the system extremely irritable, and sometimes produces *subfultus tendinum*, and convulsions.

Acids are continued, provided the patient be not much affected with flatulency.

The belly is to be kept open if necessary by glysters, from this time to the end of the disease.

(No. 9.) R Decoc. commun. pro Clysm. ʒ viij
ad ʒ xiv.

Elect. Lenitiv. ʒvj ad ʒjss vel Sal
Glaub. ver. ʒss ad ʒj.

O. Lin. ʒjss.

m Ft. Enem. pro re nata vesp. injic.

The greater the weakness the less of the purgative is to be employed.

As the symptoms indicating weakness appear, the strength is to be supported.

Bibat Æger Vin. ʒ ss ad ʒ ij bis ad Sexties Indies.

(No. 10.) R Aq; Menth. ʒjss.

Mosch. Chin. gr. ij ad gr. vi, vel

Camph. amygd. Solut. gr. ij ad gr.

x, vel Alk. volat. mit. gr. x ad xx.

Syr. e Cort. Aur.

Aq; Menth. piper } a a ʒ ij

m Ft. Haust. capt. vj^{ta} quâque horâ.

If these medicines render the pulse quicker, they are to be changed.

And the simple stimulants are, I think, to be avoided: if any is given, the Rad. Serp. Virg. will be the most useful, and may be added to (No. 7.)

If in the latter part of the disease with great weakness, there be considerable remission without stupor; or if there be general relaxation of the secretories,

(No. 11.) R Aq. Menth. Vulg. ʒjss.

Pulv. Cort. Peruv. gr. xv. ad ʒ ss.

Syr. e Cort. Aur. ʒ ij.

Aq. Menth. Piper. ʒj m. F. Haust.

Vel Loco Pulv. Cort. Peruv. decoct. sequent. ʒ ss ad ʒj.

(No. 12.) R Cort. Peruv. Crafs. Pulv. ʒj.

Aq. Font. ℥i.

Coquantur simul-per decem Minut. prim. vase clauso.

Capt. Haust. iv^{ta} vel vi^{ta} quâque horâ.

No crisis is to be attempted to be brought on towards the end, by medicines producing equable circulation.

The food, throughout the disease, is to be of those articles marked (a) (b) (c).

The Inflammatory F E V E R

Causes.

IS produced in strong habits by all the causes of FEVER, frequently by cold, but seldom by putrid vapour.

Distinction and Prognosis.

The symptoms of the first stage are slight, particularly those marked (*a*); but they are followed by a violent hot fit, in which all the symptoms indicating strength appear in a great degree, the whole fever being often entirely terminated by topical inflammation or hæmorrhage, leaving only the *Inflammatory Diathesis*; or in a few periods the patient is destroyed by the strong action of the vessels immediately affecting the brain, or depriving him entirely of sleep, and in consequence of that, causing delirium, violent convulsions, and death. If none of these things happen, in the second week the strength diminishes, the fever goes off with a perfect crisis; or imperfect critical symptoms appear after each exacerbation, these becoming gradually less. The white crust covering the tongue in falling off, leaves sometimes little exulcerations behind.

Prevention.

By avoiding the causes of fever.

Cure.

The action of the arteries is to be diminished,

Ft. V. S. ad ℥viii vel ℥xvj bis ter quaterve repet.
pro re nata.

(No. 13.) R Aq; Alexit. ℥jss.

Sal. nitr. ℥j ad ℥ij, vel Sal. Alk. V.

Fix. Succ. Limon. satur. ℥j. vel

Spt. Minder ℥ss.

Syrup. Limon. ℥ij m Ft. Haust.

quartâ vel sextâ quâque horâ sumend.

The

The belly is to be kept open by (No. 8.)

The action of blisters, if there be no particular inflammation, is extremely uncertain.

If when the fever is almost entirely gone off, the delirium from want of sleep continues, the system being greatly weakened, after all other means of procuring sleep have been tried and have failed, opiates may be used sometimes with advantage.

If any exulcerations arise in the mouth, in this, or any other fever, either with or without apthæ, they are cured by

(No. 14.) ℞ Træ Rosar. ℥viii.

Mel. Rosar. ℥j ad ℥ij m Ft. Gargarismus utatur sæpius.

Or, if they withstand this, by (No. 11.), if it be not contra-indicated by the symptoms of the fever.

The food in the inflammatory state is to be of the kinds marked (a); when the strength diminishes, those marked (b) may be used.

When the fever is entirely removed, relapses are prevented by (No. 5.)

This fever, after the *Inflammatory Diathesis* is conquered, ends sometimes as the violent fever, and in this case is to be treated in the same manner.

The Low Nervous FEVER.

IN this FEVER the irritability of the body is very great; in consequence of which, the periods throughout the whole disease are often irregular, and not well marked.

Persons pre-disposed to the disease.

It attacks people of phlegmatic temperaments; or those weakened by using food not sufficiently nourishing for their exercise, by great evacuations, long-continued use of stimuli, &c.

Causes.

It may be produced by all the causes of fever; but it arises most commonly from affections of the mind, and from cold.

Distinction and Prognosis.

For most part at the first attack, and in some of the following exacerbations, the symptoms of the first stage are few, and those not violent, and they are followed by very slight hot fits: the periods however increase gradually; but it is often the end of the first week before the disease is completely formed, or gives the patient so much uneasiness as to make him apply for relief. From this time it continues to increase considerably, and is attended with the symptoms of weakness, particularly those indicating great irritability, which often arise to such a height, as of themselves, or with the fever, to destroy the patient. The crises happen generally in the third week, or later; or if there be no complete crisis, the exacerbations become gradually less violent, and more irregular, and at last leave the patient: in this case the disease is often drawn out to a great length.

If the patient be very weak at the first attack, both the symptoms of weakness and fever are sensibly greater at the beginning, and the disease is much shortened.

The

The patient is to be strengthened (Vid. Hist. Dis- Prevention.
ease) and the causes of fever are to be avoided.

The fever at the beginning may often be removed, Cure.
or so much lessened, as to be of little consequence;
(a) by the emetic (No. 2.) and draught (No. 3);
or (b) by (No. 6); or (c) even by (No. 4); or (d)
by the neutral salts with gentle diaphoretics, as

No. 15.) ℞ Aq; Menth. vulg. ʒjss
Alk. V. Fix: Suc: Limon. satur ʒj.
Pulv. Contrayer. — gr. xv. ad ʒss
Syr. Croc. } a a ʒiss
Aq; Menth. Piper. }
m Ft. Haust. Capt. iv^{ta} quâque horâ.

If (c) (d) fail of producing the desired effect, they
frequently increase the weakness and irritability to-
wards the end of the disease.

If the head should be much affected towards the
beginning, a blister applied to it, or to the back,
often diminishes the whole fever, and relieves this
symptom.

If by any of these means the fever is carried off, it
is prevented from recurring by (No. 5.)

A stool, if necessary, may be procured by gentle
laxatives at the beginning.

(No. 16.) ℞ Aq; Menth. Vulg. ʒjss
Rad. Rhei Pulv: gr: x ad xvij
Træ Sen — — — — } a a ʒj
Syr: e Cort: Aurant: }
m Ft. Haust. Capt. pro re nata.

Afterwards by glysters (No. 9.)

When the weakness begins to appear in any great
degree, the patient is to be supported in the same
manner as in the violent fever: but simple stimulants
are to be given with still greater caution, on account
of the irritability.

If at this time any considerable remission should appear, the bark as in (No. 11.) may be given every three or four hours, during such remission, with advantage; the same medicine may be employed if the symptoms of irritability be great, but the secretory organs tolerably free.

The food is to be of those articles marked (a) (b) (c) and even (d) if the stomach will bear it, and ought likewise to be acidulated.

N. B. *It is to be remarked, that these fevers are all of the same species, and are only varied by the violence of the first stage, and by the strength or weakness of the patient, which as they differ under different circumstances in a great many ways, so they produce an almost inconceivable variety in the disease.*

Intermittent FEVERS.

THEY happen from all the causes of FEVER, Causes,
but generally from cold.

The periods for most part, even from the beginning, are violent in all their stages: they are sometimes perfectly distinct at the first, but frequently run more or less into one another, and are attended with the symptoms indicating strong action of the vessels, especially in the spring, and in cold climates: these gradually decrease, the periods become more distinct, and the fever often changes its type. In many cases the intermissions become perfect, and continue so for some time; till the symptoms of weakness appearing, the fits re-double, anticipate, grow irregular, and leave the patient, or run into one another, and destroy him. Distinction
and Prognosis.

When a patient is cut off in an intermittent fever, it is often in the first stage of the paroxysm.

The weakness occasioned by this disease is great, and often not to be recovered without difficulty. It renders the patient subject to dropsies, and other diseases, which are frequently fatal.

If an *Intermittent* attacks a weak patient, the intermissions for most part are not perfect even from the first, and they become gradually less so, till at length the patient sinks.

If one fit of fever attacks a patient so that the period is completed in a few hours, and no symptom is left, it seldom recurs, and never without a fresh cause.

When a spasmodic contraction of the *Ductus Cholidachus* occasions the throwing a quantity of bile into the blood vessels, from whence it is secreted into the different glands, the intermissions are sometimes rendered less perfect. After

After an intermittent is cured, either naturally, or artificially, it is apt to recur from the slightest cause for many months, but less so when it has gone through its natural progress.

Prevention.

The causes of fever, particularly cold, are to be guarded against. (Vid. the Catarrh.)

Cure.

In habits where there is no great weakness, a perfect intermission is to be procured,

(1) By cleansing the *primæ viæ*; for which purpose the emetic (No. 2.) may be given in the intermission; a gentle purgative may likewise be used.

(No. 17.) $\mathcal{R}$ Infus. Sen. $\mathfrak{z}$ jfs

P. Rad. Rh. $\mathfrak{D}$ j ad $\mathfrak{z}$ fs

Syr. Ros.

Træ Sen.

} a a $\mathfrak{z}$ ij m

Capt. Intermitt. Temp. ita ut purgatio ex toto cessaverit ante Paroxysmi Accessionem.

(2.) If the symptoms of strength are great, bleeding will be useful for the same purpose.

(3.) By medicines producing an equable circulation.

(No. 18.) $\mathcal{R}$ Aq; Menth. vulg, $\mathfrak{z}$ jfs

Tart. Vit. $\mathfrak{z}$ fs ad $\mathfrak{D}$ ij vel Sal. Amm.

$\mathfrak{D}$ ij ad $\mathfrak{z}$ j vel Tart. Emet. gr. $\frac{1}{4}$ ad gr. j

Aq; Menth. Piper. }

Syr. Moror.

} a a $\mathfrak{z}$ ij m

Capt. quintâ vel sextâ quâque horâ.

The emetic as above, will likewise act in the same manner.

It sometimes happens that a perfect intermission being procured by these means, the disease leaves the patient.

If notwithstanding such intermission the fever continues, the fit is to be prevented,

(1) By medicines removing irritability.

(No. 19.) R Cort, Peruv. Opt. Subt. Pulv. gr.
xv ad ʒij.

Capt. e Cyath. vin. generos. Horæ
Quadrantis ad hor. iv. Intervallo
ita ut Æger sumat. ʒvi ad mini-
mum inter duos Paroxysmos.

As great a quantity is to be given at a time as the patient's stomach will bear ; and the intervals between the doses are to be as long as possible.

The bark is to be omitted during the time the subsequent paroxysm should have continued, and is then to be repeated in the same quantity and manner, especially if any symptom of the fit should have recurred ; provided always that the paroxysm has been greatly lessened. The same measures are to be pursued in the third period ; afterwards the medicine is to be omitted for four or five days, and then returned to for 24 hours ; and this is to be practised twice or thrice, (at longer intervals each time.)

If there be any symptoms of inflammation in the breast, they should be removed before the exhibition of the bark.

Symptoms of bile in the blood vessels, are not to be attended to any farther than as they render the intermissions imperfect.

If the bark has been given imprudently, viz. when the patient is strong, and no perfect intermission has taken place, we are to omit it till such intermission is procured by the above means ; but even then it acts less powerfully, than it would otherwise have done.

If the bark purges, from five to ten drops of laudanum may be given three or four times a day.

If the patient continues long bound, a stool may be procured by a small dose of rhubarb, or aloes.

If

If the stomach will not bear the powder, the decoction or extract may be used ; or it may be applied in a glyster, or even externally, though these methods are never so sure of success.

If the disease attacks a weak patient, or has continued till a strong habit is much weakened, the bark is to be given at the time of the best remission ; it commonly brings on a severe but regular fit, and upon continuing its use the fever leaves the patient.

(2) By counteracting the cold fit at the time of its coming on.

(No. 20.) ℞ Aq; Cinnam. Spirit. ℥j ad ℥ij
Menth. vulg. ℥j
Tart. emet. gr. fs ad gr. jfs.
L. L. gtt. xx ad xl
Syr. Croc. ℥ij m

Capt. ante Paroxysmi Accessionem ; Æger quoque in Lecto detineatur.

When the disease is cured, or the fits become slight and irregular, the patient is to be strengthened,

T H E
Symptoms, Distinctions, Prognostics,
A N D
INDICATIONS OF CURE,
WITH
THE REMEDIES
I N
INFLAMMATIONS.

IN every INFLAMMATION, the pulsation of the Symptoms.
arteries is increased; there arise a greater degree
and sense of heat; a greater redness; an itching, soon
converted to an acute, and often a throbbing, pain,
augmented on the parts being stretched; a swelling
produced by a distention of the capillary vessels and
the veins, and sometimes by an extravasation of fluids;
also a contraction, and inability of motion, in the
muscular fibres.

More fluids circulate through the part, and more
are secreted in it when inflamed, than when in its
natural state.

The sensibility and irritability are increased by in-
flammation, and are produced by it in parts where
they did not subsist before.

INFLAMMATION is produced by

1. External *stimuli*, (mechanical, chemical, or me- Causes.
dical.)
2. Distention.
3. Division of an irritable part.
4. The neutral-salts of the blood thrown out on
the surface of an irritable part.

These causes operate more powerfully on habits in which the vessels have great strength or are acting strongly ; and on parts that are very irritable or sensible.

Effects of inflammation on the system.

INFLAMMATION (*a*) sometimes has no effect on the system in general, (*b*) sometimes it produces *Inflammatory Diathesis*, or general inflammation ; (*c*) sometimes symptoms of irritation.

(*a*) In habits not very strong, if the inflammation be small, and the pain not violent, or if the part be easily distended, the system is not affected.

Inflammatory Diathesis.

(*b*) In strong habits, or where the pain is great, and the patient not very weak, it produces *Inflammatory Diathesis*, or general inflammation, by some called *Inflammatory Fever* ; the symptoms of which are, a hard, and for the most part a strong, full, and frequent pulse ; blood when taken from the arm more fluid, and continuing longer fluid, so that the red globules fall to the bottom, the coagulable lymph coagulating afterwards strongly, and adhering to them, so as partly to form a crust on the top, called by some the *Buff* ; a frequent respiration, attended sometimes with a cough ; a dry white tongue and thirst ; restlessness ; urine becoming turbid when cold, and sometimes depositing a lateritious sediment ; universal redness, heat, and swelling ; watchfulness and *delirium* ; *stupor* ; with red, swelled, protuberant, and often dull eyes, sometimes converted into a violent, sometimes into a low, muttering delirium, often at last terminating in convulsions and death.

Inflammatory Diathesis differs essentially from fever, inasmuch as the symptoms of the first stage do not necessarily proceed, or accompany it, and as it does not increase by exacerbations followed with relaxations.

It

It is excited by many causes, besides inflammation.

(c) Where the pain is very great, or the habit very weak and irritable, or where an irritable part is affected, the symptoms of irritation take place, viz. a small, quick, frequent pulse; sickness; universal restlessness, and want of sleep; urine remaining transparent when cold; depression of strength; faintings; coldness of the extremities, especially when an internal part is affected; delirium, convulsions, or long-continued spasmodic contraction of the muscles, sometimes terminating in death. Symptoms of great irritation.

Symptoms of irritation differ essentially from fever, inasmuch as they leave the patient immediately upon their cause being removed.

They may be excited by other causes besides inflammation.

Besides these, various other symptoms are often produced, when particular parts are inflamed, and their functions thereby destroyed or hurt.

If the cause of an inflammation be removed, it sometimes goes off soon; sometimes continues for a long time, or terminates in another disease. Progress and termination.

(A) It goes off by,

(a) *Simple Resolution*; when upon removing the cause, the symptoms diminish gradually, and at last leave the patient.

(b) *Resolution by Evacuation*; (1) when the mucous glands of the part inflamed, or near it, do in consequence of the inflammation secrete a considerable quantity of *mucus*, at first thin and transparent, afterwards becoming viscid, and changing its colour to white, greenish, or yellow, often streaked with blood; in this case, while the secretion is watery, the inflammation of the mucous membrane is increased; but as the

the fluid acquires a proper viscosity and colour, the disease gradually diminishes, and is frequently cured: (2) when an hæmorrhage arises in the part affected, and carries off the inflammation: (3) when a large or long-continued evacuation happens from some part of the body, and puts a stop to the distemper.

(c) *Resolution in consequence of Fever*; when a cold fit of fever is produced and cures the inflammation.

(d) *Metastasis*; when an inflammation arises in another part, and carries off the primary one.

N. B. In all these cases *callosities* are sometimes left.

(B) The inflammation continues for some time without alteration, or terminates soon in suppuration, gangrene, or scirrhus.

(a) The inflammation continues for a considerable time without greatly increasing or diminishing, and without terminating in another disease.

(b) Suppuration; (1) when a quantity of fluid is thrown out into any cavity (the inflammation continuing) it ferments, and is converted into *pus*, which afterwards acts as a ferment on the solid parts, and gives occasion for the conversion of the whole into a matter similar to itself, the symptoms of the first disease going off. Sometimes a membrane is formed round the pus, which prevents it from acting upon the circumjacent parts; but more frequently it likewise ferments with them, till it has made itself an opening by which it is evacuated. This happens sooner or later according to the distance of the inflammation from the skin, or the surface of a cavity opening externally. While it is taking place, the *pus* sometimes separates the muscles, and other parts, from one another, by destroying the cellular membrane.

After

After the *pus* is evacuated, a fresh inflammation arises; more matter is form'd on the surface of the cavity; a quantity of flesh grows up and fills it; afterwards a scarf skin covers the whole, and the part is restored.

Sometimes the surface of the cavity continues to be destroyed; the ulcer is enlarged; a portion of the matter is absorbed, and producing hectic fever, the patient dies.

(b) (2) When a quantity of fluid is converted into pus upon the surface of an inflam'd membrane, or other part, it sometimes ferments with the solids underneath, and forms an ulcer similar to that already described.

(c) Gangrene and mortification: in this case the symptoms of inflammation go off, and the part becomes paler, or of a brown colour, flaccid, and at last black; the scarf skin is raised up in large pustules, which contain a semi-putrid *ichor*: at last the whole part putrifies; the surrounding parts are affected with erisipelatous inflammation; and the gangrene and mortification spread, until they destroy the patient, by affecting a part necessary to life, or else by producing the symptoms of irritation.

This disease arises without any previous inflammation, from pressure, ligatures on the veins, weakness, extravasation of great quantities of blood, and the application of sedatives.

(d) *Scirrhus* and *cancer*: when the inflammation is carried off, but a quantity of matter is left in the secretory vessels of some gland, occasioning a hardness and swelling. This often continues for a considerable time without alteration; but sometimes without any sensible cause; sometimes upon the application of a *stimulus*, the matter deposited ferments, and is con-

verted into a peculiar fluid inflaming the part, and producing an ill-conditioned ulcer called an open cancer. In this ulcer good *pus* is never form'd; but the patient is exhausted, and destroyed by the pain, the evacuation and the *stimulus* arising from the cancerous matter absorbed.

Scirrhus arises without any previous inflammation from the proper fluid stagnating in the gland, or extravasation from contusion, or *Venous Plethora*.

Prognosis.

Simple Resolution takes place when the system is not strong, when the inflammation is but small; when it affects the skin only, or a soft part, or one not very sensible.

Resolution by Evacuation is produced (1) when the mucous membrane is primarily or secondarily inflamed, or when in consequence of the inflammation, the mucous glands near the part affected, are stimulated to a greater secretion; (2) when the capillary vessels of the inflamed part are spread on a membrane constantly moistened, and in a cavity opening externally; (3) is accidental.

Resolution in consequence of Fever, happens principally when the inflammation arose at the beginning of the hot fit, diminishing, but not entirely carrying off the fever: a febrile exacerbation arises in the evening naturally, or from some new cause, and takes off the inflammation.

Metastasis is accidental. The nearer the second inflammation is to the original one, the more violent it is, or the greater the sensibility of the part it affects, the more certainly it carries off the first disease.

(B) (a) Happens if the skin be the part affected, the disease not violent, and the cause be frequently repeated.

Suppuration happens, (1) when the cellular membrane, or parts covered with it, are affected : it takes place more readily when the patient is young, or of a sanguineous temperament, or of a strong habit, or when the disease happens in the spring ; (2) when the skin is inflamed so that the scarf skin is raised from it ; or when a mucous membrane is affected, and the inflammation continues, notwithstanding the increased secretion of mucus ; or in wounds.

Gangrene and *mortification* happen when the part inflamed is irritable, or when there is pressure, either from the tenseness of the part, the contraction of a muscle, or external application.

Scirrhus happens when a gland is the seat of the disease, and the inflammation terminates without coming to suppuration.

Indications of CURE in INFLAMMATIONS.

RESOLUTION is to be procured, if possible.

Cure.

I. INDICATION. The causes first producing the inflammation, and those which afterwards continue it, are to be removed.

The method of removing many of the causes is obvious. Peculiar means of taking off some of them, are these that follow.

(A) Stimulating fluids, formed or secreted on the surface of an irritable membrane, are prevented from acting,

(a) By covering the membrane so that they cannot touch it, (1) with expressed oils, such as *sperma coeti*, *oleum amygdalarum*, *oleum olivarum*, *sebum ovillum*, *axungia porcina*, *butyrum* ; or (2) with vegetable mucilages, as, *infusum feminum lini vel cydoniorum*, *decoctum radidis althææ*, *sacharum*.

D 2

(b) By

(b) By destroying them with præparationes mercurii, &c.

(c) By taking off the irritability of the membrane, with cortex peruvianus, præparationes plumbi, stanni, &c.

(B) Distention of the internal vessels, is removed, By restoring the circulation on the external surface of the body. (Vid. Fevers, Ind. V.)

By the warm bath.

Stimulants applied to the system are improper.

(C) The endeavour to distend the capillary vessels beyond their tone, is avoided by relaxing them with aqua tepida scilicet ad caloris corporis humani gradum, olea expressa pura. (Vid. A. a. j.)

II. INDICATION. The strong action of the arteries is taken off,

(A) By emptying them. The methods are, (a) venæ alicujus majoris in brachio, vel corporis alia aliqua parte sectio ita ut quam citissime magna sanguinis copia eximatur: (b) Venæ vel arteriæ sectio, vel hirudinum applicatio ad partem affectam: (c) Purging with salia neutra, tartarus, manna, cassia fistularis, fructus tamarindorum, radix jalappæ.

(B) By the application of sedatives to the stomach, as, Acidum vitriolicum, muriaticum, limonum; infusum theæ, farsæ; aqua calida; nitrum.

(C) By the application of sedatives to the part, as (a) Herbum absinthii, matricariæ; radix bryoniæ albæ: (b) Flores rosarum rubrarum, acidum vitriolicum, muriaticum, acetosum; alcohol; farina avenæ; aqua soluta vel commixta: (c) Præparationes cupri, plumbi, zinci; alumen.

(D) By raising an inflammation on the skin near the part originally affected, (except when the skin itself

itself is inflamed) by means of cantharides, semina sinapi, cauterium actuale, acida, alkali volatile, frictio.

III. INDICATION. Is the management of resolution by evacuation from the mucous glands.

(A) The evacuation is produced or assisted by stimulants, as, radix scillæ, gum ammoniacum, balsamum toluatanum, radix alii, acidum muriaticum, limonium.

(B) (Vid. Ind. 1st. A. a.)

(C) The secretion of the *mucus* is to be stopped, after the inflammation is carried off; (a) by strengthening the system; (b) by applying astringents, (1) to the part, as, salia & calces metalorum; (2) to the stomach, as, gallæ, alumen, &c. opium, balsamum copaibæ, peruvianum, canadense, terebinthini.

Where the inflammation cannot be cured by *Resolution*; or when an external inflammation has arisen in the hot fit of a fever, and has diminished, or entirely carried it off, and sometimes in inflammations occupying glands, *suppuration* is to be produced; in order to which,

IV. INDICATION. The inflammation is to be kept in a proper degree.

(A) If it be too violent, and tending to gangrene, it is to be diminished. (Vid. Ind. 2.) (A. a. c.) (C. a.) (Ind. 1st. C.)

(B) If it be too slight, it is to be increased by stimulants;

(a) Applied to the stomach, as (1) cortex peruvianus; (2) balsama et resinæ; (3) belladonna, solanum cicuta.

(b) Applied to the part, (1) farina lini, fœnugreci, oleum lini; (2) galbanum, terebinthinum, thus.

These, though sometimes used, are generally too powerful.

V. INDICATION. If a gangrene is come on, it is to be prevented from spreading,

(A) By vinum, moschus, camphora, &c.

(B) By cortex peruvianus.

(C) By stimulating the part with oleum terebinthini, scarificatio, &c.

IV. INDICATION. The management of a *Scirrhus*.

(A) It is prevented by producing *suppuration*.

(B) If it be already formed, and (1) is large, increasing, and detached, it is to be cut out, or destroyed by caustics; or (2) if it be small, and continues of the same size, nothing is to be done; *discutients* are dangerous.

VII. INDICATION. The management of a *Cancer*.

(A) Good *pus* is produced by (Vid. Ind. 4. B. a. 3.) arsenicum.

(B) The pain is relieved by destroying the sensibility of the part with præparationes plumbi, &c.

INTERNAL

INTERNAL PHLEGMONOUS

INFLAMMATIONS.

T H E

INFLAMMATION of the BRAIN.

Causes.

IT arises, from an increased action of the vessels in the system, produced by hard drinking, anger, and indigestible, or viscid food in the stomach; from an exposure of the head to the sun; or from *inflammatory diathesis* happening at the beginning of a fever, or in any other disease.

Symptoms
and causes of
delirium.

Delirium comes on with watchfulness, or restless, and unrefreshing sleep, with dreams, loss of memory, the patient's picking hairs from the bed-cloaths; insensibility to external objects; the functions of the body are disturbed; the imagination hurried, and discourse incoherent.

It may happen from fever, *inflammatory diathesis*, great irritability, and *mania*, without any topical inflammation of the brain.

Symptoms.

There arises a throbbing pain in the internal parts of the head, which, if the *meninges* are affected, is acute; if the substance only, obtuse, and sometimes but just sensible. The eyes for the most part are red, and swelled, tears frequently flow from them, and sometimes a watery *mucus*, or blood drops from the nose: the face is often flushed. These symptoms are attended with more or less of the *inflammatory diathesis*, according as the *meninges*, or substance of the brain, are affected. They are followed by *stupor* and *delirium*, which sometimes become violent, and are attended with convulsions; and in any case, unless some natural or artificial means of *resolution* are applied, the patient for the most part is cut off. Sometimes, however, the inflammation goes on to suppuration,

ration, especially if the substance of the brain is affected: in that case, the symptoms abate, a stupor only being left: but in process of time, unless the *pus* be absorbed, the whole brain is destroyed.

It is prevented by avoiding or counteracting the Prevention. causes.

The most powerful means of *Resolution* are immediately to be employed. Cure.

Fiat V. S. e brachio ad ℥xij , xx , vel xxx pro diathesi inflammatoria aut corporis viribus et repetatur pro re nata.

After the strength of the system, or *I. D.* are diminished.

Fiat venæ sectio e vena jugulare, vel arteria temporale; vel temporibus applicentur hirudines.

At the same time evacuations from the intestines may likewise be performed with advantage.

(No. 21.) $\mathcal{R}$ Infus. Tamarind. ℥iv .

Sal. Glaub. ver. ℥ss ad ℥iss .

Vel. Tart. Solub. ℥ss ad ℥vj

Vel. Polychrest. Rupel. ℥ss ad ℥j

Syr. Rosar. ℥ij

m Ft. Haust. purgans. Capt. post V. S. et repet. pro re nata.

When the purgative is not operating (No. 4.) or (No. 13.) may be given.

After having diminished the strength of the vessels,

Applicet. Emplast. Epispast. Capiti rasō.

The food throughout the disease is to consist only of decoctions of farinaceous seeds in water, acidulated.

N. B.

N. B. *When an inflammation arises at the beginning of a fever, and it, as well as the inflammatory diathesis continues, such fever is also to be attended to in the cure of the inflammation, and the treatment varied according to the violence of them.*

The

The A N G I N A.

(Commonly called the Inflammatory Angina.)

IT is an inflammation of any of the parts about the throat, excepting the skin, and mucous membrane. Definition.

It arises from cold, distention of the parts; *stimuli* applied to them, and the other causes of inflammation. Causes.

These act more powerfully in people of sanguineous temperaments, in the spring, and in those affected with *inflammatory diathesis*, especially at the beginning of an inflammatory fever.

The symptoms are those common to inflammation; or those arising from the passage of the air into the lungs; of the food or drink into the stomach; of the blood in the jugular veins; or the serum in the lymphatics of the neck's being obstructed. Symptoms.

The common symptoms of inflammation are, (according to the part affected) either external swelling, with redness and pain, gradually increasing, and becoming harder; or swelling with redness, and pain in the tonsils, *fauces*, *velum pendulum palati*, about the root of the tongue, or *pharynx*, gradually increasing; or, lastly, a very acute pain in the region of the *larynx*, without any external appearance.

If the mucous membrane be affected, a larger quantity of thick, viscid mucous is secreted.

More or less of general inflammation is produced according to the part affected, or the strength of the patient.

When an *Angina* arises at the beginning of a fever, the fever is sometimes entirely terminated, sometimes only

only diminished; in which case, its symptoms continue along with those of the inflammation.

If the *larynx*, *trachea*, or parts adjacent, are inflamed, the passage of the air into the lungs is obstructed, and there arise, a difficulty of breathing, anxiety about the *præcordia*, swelling of the veins of the neck, swelling of the face, *stupor*, lividness about the eyes and in the whole face, *delirium*, a very frequent, irregular pulse, and at length the patient is suffocated.

If the muscles serving for deglutition, the tonsils; *pharynx*, or parts adjacent are affected, there arise, a pain in attempting to swallow, with a sense of swelling in the throat; a difficulty in swallowing; *nausea*; the food and drink return by the nostrils, or getting into the *larynx* produce violent fits of coughing; at last the passage of the food and drink into the stomach, is totally stopped up, and the patient is destroyed.

If the lymphatics of the neck are compressed, there arise *œdematous* swellings of the face, and other parts of the head.

If the jugular veins are obstructed, *œdematous*, and livid swellings arise in the face, tongue, throat, and parts adjacent; the eyes become red and protuberant; the patient is affected with a *stupor* and *delirium*, and at last is suffocated.

Diseases to be distinguished from the Angina.

Termination of the inflammation.

Swellings about the throat arise from *scirrhus*, *scrophula*, and dropsy, as well as from inflammation; as do likewise pain, and difficulty of swallowing and breathing from catarrh, exulceration, spasmodic contraction of the muscles, and *paralysis*.

If the patient is not destroyed by the respiration, deglutition, or brain's being affected, the *Angina* terminates, as other inflammations, but principally in suppuration.

When

When suppuration takes place, the swelling diminishes, and the symptoms are somewhat relieved; the *pus* opens itself a way externally, or internally, and generally produces an ulcer easily cured; but it sometimes is apt to form *sinus's*, or fall into the lungs and bring on exulcerations in them.

Gangrene and mortification in most parts of the throat are fatal.

N. B. *As inflammations of these parts about the throat may arise independent of one another, as their Symptoms, Progress, and termination, are various, they ought to be considered as different diseases.*

The CURE is best performed by *Resolution*; for Cure, this purpose,

1st, Evacuations are to be produced, *viz.*

(a) By bleeding from the arm in quantity according to the general inflammation, and repeatedly, until it be greatly diminished.

(b) By bleeding from the part by opening the jugular veins, or those under the tongue, or applying leaches.

(c) By purgatives, as (No. 21.) repeated every Day for the first two or three days of the disease.

2d, By producing inflammation upon the skin,

(No. 22.) $\mathcal{R}$ Ol. Olivar. $\mathfrak{z}\mathfrak{j}$.

Alkal. Volat. Caust. $\mathfrak{z}\mathfrak{ij}$ ad $\mathfrak{z}\mathfrak{j}$.

Camph. Gr. xxx.

m Ft. Liniment. inung. Fauces externe sæpius.

After the *inflammatory diathesis* is considerably diminished by evacuation, blisters are to be applied as near the part as possible, provided the skin itself be not inflamed.

3d, If

3d, If the external inflammation be considerable, fomentations and poultices are to be applied.

(No. 23.) $\mathcal{R}$ Flor. Cham.: vel Summit.: Absynth.:
vel Summit. Centaur. Minor.: Ma-
nip ij.

Rad. Bryon. Alb. recent. $\mathfrak{z}$ j.

Folior Malv.: vel Alth. Man. j con-
tunde et leviter coque in Aq. Font.
iiij.

Colatura utatur pro Fotu ter indies.

Add. Herbis Coctis.

Ungent Simp. $\mathfrak{z}$ ij.

Ft. Cataplasma Part. affect. applicandum.

4th, When we are not exhibiting purgatives, or in the intervals of their operation, (No. 4.) or (No. 13.) are used with advantage.

5th, The inflammation may sometimes be diminish'd, by augmenting the secretion from the mucous glands of the mouth and throat, and we are to endeavour to prevent the mucous membrane from being affected by the salts of the thin mucus.

(No. 24.) $\mathcal{R}$ Aq; Cinnam. Ten. $\mathfrak{z}$ viiij
Oxymel Scillit. $\mathfrak{z}$ ss

m

Ft. Gargarisma utatur sæpius.

(No. 25.) $\mathcal{R}$ Syr. ex Alth. } aa $\mathfrak{z}$ j.
Ol. Amygd. }
Conserv. Cynosb. $\mathfrak{z}$ ss.

m Ft. Linctus Capt. Coch. unum parvum frequenter.

6th, But it is generally much better to employ sedatives, as (No. 14.)

The air of the room should be moderately warm, and the patient ought to avoid speaking, and for food to make use of the barley water only. If

If the passage of the air into the lungs be so much obstructed as to threaten immediate suffocation, *bronchotomy* is to be performed.

If no fluid can be got into the stomach, the blood vessels may be supplied in some measure by glysters.

(No. 26.) ℞ Aq; Font. ℥vj
Amyl. Alb. ℥iij.

solve.

Ft. Enema quartâ quâque horâ injic..

If the blood be prevented from returning from the brain, so as to endanger immediate suffocation, the patient is to be bled in the jugular veins.

If the inflamed parts suppurate, the mouth and throat are to be kept moist with,

(No. 27.) ℞ Infus. Sem. Lin. ℥j
Sach. Alb. — ℥j
Succ. Aur. Hisp. ℥ss

And as soon as there is any fluctuation of matter felt, an opening is to be made into the abscess.

The Inflammation of the L U N G S, or P E R I P N E U M O N Y.

Causes.

IT is produced by cold applied to the skin, mouth, or stomach; by general inflammation; by an over distention of the lungs; or by catarrh.

Any solid substance falling into the lungs by the *trachea*, or a wound penetrating into them, produce the inflammation, but with different symptoms.

These causes act more powerfully in people subject to inflammation in general; in those who have narrow chests; or who have been formerly affected with *peripneumony*, *asthma*, or frequent *catarrhs*; where the lungs adhere to the *pleura*, so as at any time to prevent a free respiration; or where external inflammations that were become habitual, are taken off.

Symptoms and progress.

The inflammation begins with an obtuse pain in the breast, sometimes occupying one side, sometimes both, accompanied with a difficulty of breathing and cough, the air from the lungs being peculiarly hot. There arise a sense of fulness in the *thorax*, anxiety about the *præcordia*, with restlessness, loss of appetite, and sleep; a frequent pulse, sometimes hard, but seldom strong, or regularly full; and often turbidness in the urine. The difficulty of breathing, and sense of fullness increase; and a quantity of thick mucus being secreted occasions a sound, as the air passes through the branches of the *trachea*. If the patient attempts to lie down, there is an appearance of an immediate suffocation; he is therefore obliged to continue with his head and shoulders more or less elevated. The passage of the blood thro' the lungs is obstructed, so that the veins of the neck begin to swell; the pulse becomes every

way

way irregular ; the face swells, and is of a dark red colour, especially about the eye-lids and cheeks; the tongue likewise swells, and becomes of a dark red ; the eyes are dull ; *stupor*, and a low *delirium*, succeed ; and at length the patient is suffocated.

If the symptoms do not rise to so great a height, and, at the same time, no means of *Resolution* have been applied before the fourth day ; or if those means are not sufficiently powerful ; or if they are not continued until the disease is totally carried off, a suppuration takes place, and is indicated by slight and frequent shiverings, the pain at the same time going off gradually ; the sense of fullness and cough, with the other symptoms diminishing, and the patient being only able to lie on that side which was most affected.

SUPPURATION, unless the abscess breaks soon into the lungs; or the *pus* is absorbed into the vessels, is generally fatal, producing hectic fever, and pulmonary consumption.

If the inflammation be very violent, gangrene and mortification sometimes, though seldom, arise. In this case the breathing is somewhat relieved ; but the pulse becomes extremely frequent and weak ; the other symptoms of irritation come on ; the patient spits up a blackish, foetid ichor, and is soon carried off.

The inflammation of the LUNGS is a disease of the bronchial artery only.

They who are destroyed by acute diseases, are by no means cut off at last by an inflammation of the lungs, as has been supposed.

It should be distinguished from difficulty of breathing in fever ; from other inflammations of the breast ;

Distinctions.

E

from

from *catarrh*, *asthma*, and *peripneumonia-notha*, and those difficulties of breathing which happen in chronical diseases.

It admits of a natural cure,

1st, By a secretion of *mucus* from the lungs, spit up at first thin, and with uneasiness, becoming gradually thicker, and of a greenish, or yellow colour, often mixed with blood, relieving, and gradually diminishing the symptoms, so as to carry off the disease before the fourteenth day.

If there be a great *hæmorrhage* from the lungs, it happens for the most part, that either the patient is immediately suffocated, or an ulcer is produced.

If the matter spit up contains hard masses, or is of different colours from what has been describ'd, although the symptoms should be relieved, there is danger of an ulcer.

If the secretion continues watry, the disease is sometimes increased by it, or converted into a *catarrh*.

If the *peripneumony* is not carried off before the fourteenth day, the lungs commonly suppurate, although not always.

2d, By an inflammation, or hæmorrhage, arising in some other part of the body.

If a *peripneumony*, or other inflammation take place after a cold fit of fever, and the fever continues along with the inflammation, which has been relieved either naturally or artificially, a crisis in the second week sometimes carries off both diseases.

Cure.

The cure is performed, (1) by simple *Resolution*, or (2) by evacuation from the mucous glands.

The first is obtained

(A) By emptying the vessels of the lungs.

(a) By bleeding. We are to be ruled as to the quantity of blood taken away, by the strength of the patient.

patient. For when from the violence of the inflammation the pulse is small, frequent, and irregular, it often rises, and becomes irregular after the operation. From the disease's increasing, or recurring, it is often necessary to repeat this evacuation two or three times.

(b) By producing a free circulation in the other parts by (No. 4. or No. 13.)

(c) By keeping the patient in an air moderately warm.

(d) With this view the ancients applied ligatures to the arms and thighs, to confine the blood in the veins.

(e) The warm bath has been used for the same purpose in other internal inflammations.

(B) By inflaming another part; (a) by rubbing (No. 22.) on the side; (b) by blisters, which are applied with greater advantage to the side and back, than to the extremities.

To these methods stimulating medicines have been added, (as volatile alkali) to produce sweating: but they often do more hurt by their *stimulus*, than good any other way.

For the management with regard to the food (Vide the *phrenitis*.)

The second method of cure is performed,

(A) By increasing the secretion from the mucous glands, by stimulants.

(No. 28.) ℞ Aq; Puleg. ʒjss

Oxymel. Scillet ʒj ad ʒij

Aq; Menth. Piper. ʒj

m Ft. Haust. Capt. quartâ quâque horâ.

(No. 4.) ℞ Aq; Puleg. ℥jss

Gum. Ammon. gr. x & xv.

Syr. Limon. ℥ij

m Ft. Haust. Capt. ut supra.

By inhaling the vapour produced from the infusion of pectoral herbs.

(B) By defending the mucous membrane from the salts contained in the *mucus* so secreted, with mucilaginous, or oily medicines.

(No. 30.) ℞ Amygd. decort. ℥j

Gum. Arabic ℥jss

Mel. — — ℥iv

Aq; Font. — ℥ij

m Ft. S. A. Emulsio bibat poculum frequenter.

Or, (No. 25.) may be given.

Opiates have sometimes been used, when the *mucus* spit up was thin, and the cough troublesome: but as for the most part they increase the difficulty of respiration, they are commonly hurtful.

(C) If, notwithstanding the spitting, the inflammation should increase, moderate bleeding is useful to prevent the suppuration; but the taking away a great quantity diminishes or stops the secretion.

The same remedy is to be used, if much pure blood is spit up.

During the first days especially where the patient is strong, the food ought to be the farinaceous decoctions acidulated. To these should be afterwards joined preparations of the farinaceous seeds, with preserved juices of fruits, (as currant jelly, &c.)

The remedies in the first method, except the plentiful and repeated Bleeding, may be also used in this; and, on the other hand, those recommended under
this

this head, may be used along with the first : so that the only question is, whether the cure is to be principally trusted to the bleeding, or to the evacuation from the lungs by spitting.

The first method is to be followed in strong ; the second, in weak patients, and when the disease is accompanied with the symptoms of the first stage of fever.

The obstruction to the passage of the blood thorough the lungs, sometimes retards the flowing of the serum from the thoracic duct into the left sub-clavian vein, and produces dropical swelling of the extremities ; but these go off with the disease, and seldom require any particular treatment.

The PLEURISY; or,

INFLAMMATION of the PLEURA.

IT has been much disputed, whether this disease be an inflammation of the *Pleura*, or of the external coat of the lungs. It appears most probable, that the inflammation arises in the *Pleura*, and spreads from thence to the lungs.

Causes.

Its causes are, cold applied to the skin; sudden and great distention of the *Pleura* in inspiration; drinking cold liquors after being heated by violent exercise. The pleurisy, and most other inflammations, arise frequently in the hot fit of fever, most commonly in the first period, sometimes in the second, and less frequently in the third; either from the *inflammatory diathesis* alone, or from a *stimulus*, too slight to affect people in perfect health.

Adhesions of the *Pleura* to the lungs affecting the breath, and the causes which render people liable to peripneumony, have the same effect with regard to the pleurisy.

The manner
in which in-
flammation
arises in fever.

When a pleurisy, or other inflammation, arises in the hot fit of fever, it is preceded by *horror* and *rigor*, cold, frequency of the pulse, and several of the other symptoms of the first stage (v. page 3.) These are followed by the symptoms of the second stage, (v. p. 4.) together with those of general inflammation, (vide p. 30.) after which, the pain, and other symptoms of the inflammation in the side or part affected, take place; and the symptoms of the first stage of fever commonly leave the patient, those of the general inflammation continuing. Sometimes the symptoms
of

of the first stage of fever are only relieved. In this case, anxiety about the *præcordia*, transparent urine, particular evening *paroxysms*, &c. continue along with the inflammation, produce a different progress and termination of the disease, and require a variety in the treatment.

When the inflammation of the *Pleura* comes on, whether it be the original disease, or preceded by the symptoms of fever; it begins with an acute pain in the side, above the short ribs, sometimes towards the back (when it is less violent) increasing greatly on inspiration, diminishing on expiration, and from thence producing a difficulty of breathing. The inspirations are short, the ribs kept as much at rest as possible, and the diaphragm and muscles of the *abdomen* move considerably.

Symptoms
and progress
of the pleurisy.

In all difficulties of respiration carried to a height, the patient is obliged to have his body more or less in an erect posture; the shoulders and clavicles are raised; the nostrils move, and the mouth is opened.

The difficulty of breathing in a pleurisy produces a cough, which is short, suppressed, and sometimes dry; but at other times is attended with a spitting of *mucus* from the lungs, at first thin, and proceeding afterwards exactly as in the peripneumony, and relieving or curing the disease in the same manner.

If the patient be not affected with *inflammatory diathesis* before this inflammation, it is always brought on in a few hours; and its symptoms (vid. p. 30.) are sometimes so severe as to destroy the patient. The difficulty of respiration also increases, sometimes to so great a degree, as to prevent the blood from passing thorough the lungs, and the brain is compressed; or he is suffocated with the same symptoms as in the peripneumony.

If gangrene and mortification take place, the pain ceases suddenly, without any apparent cause; the pulse is very frequent, quick, small, weak, and often irregular; *delirium*, with convulsions, come on; and the patient is certainly destroyed.

If he does not die in any of these ways, and if the disease be not relieved by the spitting, or by some other natural, or artificial method, matter is form'd; which is shewn by irregular coldness and shiverings, the pain going off, or becoming slight and obtuse. If the matter points externally, a fluctuation is felt on the part affected; if the *pus* is contained in the cavity of the *thorax*, it is felt between the lower ribs, and the patient cannot lie on the opposite side. If any means of *Resolution* have been applied, so as to diminish the inflammation, and a suppuration nevertheless comes on, it often does not begin till late in the disease, sometimes not before the fourteenth day.

This termination is most commonly fatal.

Sometimes, instead of a formation of matter, there is an extravasation of *serum* and coagulable lymph into the cavity of the *thorax*, attended nearly with the same symptoms, and equally fatal.

It is cured naturally by a spitting, and the other means enumerated in the peripneumony. (Vide p. 50.)

Progress of an inflammation attended with fever.

If this, or any other inflammation, begin with the symptoms of the first stage of fever, and they remain after the pain has arisen, when the inflammation is diminished by any natural or artificial means; it frequently happens that the fever continues, increases, and is attended with weakness, till the patient die.

If the inflammation go off by *Resolution*, the *Pleura*, and external membrane of the lungs, generally adhere,

Slight

Slight inflammations of this, and other membranes, are often attended with no other symptom, but a degree of soreness; nor any consequence, but adhesions.

It should be distinguished from other inflammations of the breast, *diaphragm*, intercostal muscles, intestines, and liver; from spasmodic pain in the side, or intestines; and from rheumatism of the side.

Distinctions

As in the pleurisy, the *inflammatory diathesis*, or general inflammation, is greater than in most topical one's; it yields better to evacuations, especially to bleeding. To this, therefore, in general we trust principally for the cure; and in the case of a strong habit, take away from twenty to thirty ounces of blood at once; repeating the blood-letting, if the disease continues, to twelve, ten, eight ounces, or less, according to the circumstances, as long as the pulse is hard, unless the symptoms of the first stage of fever have continued: in this case, such a quantity of blood must not be taken away, nor the bleeding so often repeated.

Cure of the pleurisy.

All the other remedies recommended in the peripneumony, are equally applicable in the inflammation of the *Pleura*; and are to be used in aid of the bleeding from the system in general.

Cupping glasses, with and without *scarification*, have been applied in both diseases, sometimes with advantage; but the cold air, to which the skin is exposed during the operation, often over-balances the good effect of it.

The belly is to be kept open by antiphlogistic laxatives; (Vide No. 8.) but strong purgatives are not to be given in any inflammation of the breast, where the mucous membrane of the lungs is not the principal part affected.

The

The food is to be the same as in the peripneumony.

Treatment of an inflammation attended with fever.

When the symptoms of the first stage of fever, precede this, or any other inflammation, and remain after it takes place, bleeding often carries off the *inflammatory diathesis*; but the inflammation and fever continue. In this case, further evacuation is of no use, and therefore we must proceed in the cure by the other methods recommended in each inflammation: in this, for example, by expectorants, relaxants, blisters, &c. If the fever should continue, and the symptoms of weakness come on, the strength must be supported, as has been shewn in the end of fevers, notwithstanding some little pain remaining in the inflamed part.

The Inflammation of the INTERCOSTAL MUSCLES.

The spurious pleurisy.

THIS disease has been called the *Spurious Pleurisy*. It arises nearly from the same causes, is attended almost with the same symptoms, and is to be cured in the same manner.

Its difference from the pleurisy just now describ'd, appears in these particulars: it may be produced by external causes; a swelling appears externally, with pain on the parts being touch'd; there is less pain on inspiration, and of consequence not so great a difficulty of breathing; the cough is for the most part dry; the general inflammation does not arise in so great a degree; the lungs are not so apt to be affected; the patient is never suffocated; and there is but little danger from suppuration.

It is seldom or never cured by a spitting; but on the other hand, fomentations and poultices are applied to the part, with much greater effect than in the pleurisy. Purgatives may also be used with greater freedom.

The Inflammation of the MEDIASTINUM.

THIS disease is also in many things similar to the pleurisy: its causes are the same. The pain strikes obliquely from the *sternum* through the breast to the back: there is a difficulty of breathing, and cough, attended sometimes with a spitting. These symptoms, however, are not so violent as in the pleurisy; nor is the pain on inspiration so much increased, or the *inflammatory diathesis* so great: suppuration is with greater difficulty avoided; and, when it happens, is commonly fatal.

Inflammation
of the media-
stinum.

It is to be cured in the same manner as the pleurisy.

The Inflammation of the PERICARDIUM.

THIS also has many things in common with the inflammation of the *pleura*; but the pain is deeper seated, and is not so much increased upon inspiration.

Inflammation
of the peri-
cardium.

If the heart is affected, the pulse becomes small, irregular, and intermittent, with immense anxiety. The patient falls into *syncope's*, and is soon destroyed.

It is to be treated also as the pleurisy.

The PARAPHRENITIS, or Inflammation of the DIAPHRAGM.

The para-
phrenitis.

IT arises from the same causes as the inflammation of the *Pleura*. The pain is very violent and deep seated in the lower part of the breast, or under the short ribs; or striking between them and the back: the belly is drawn up, and kept as much at rest as possible; the respiration is excessively quick, small, and difficult, and performed principally by the muscles of the breast; the patient is frequently affected with sickness and hiccup; the pulse is for the most part very frequent, small, hard, and often irregular; there is great anxiety; the other symptoms of irritation (vide p. 31.) come on, and death frequently ensues. If this does not happen, the progress, termination, and manner of treatment are nearly the same as in the pleurisy.

Of these inflammations in the breast, that of the *Pleura* near the fore part of the ribs, and that of the lungs, are the most frequent.

The inflammation of the *Pleura* is almost always attended with some degree of the inflammation of the lungs; sometimes all these parts are inflamed together; but more commonly only one at a time in the same patient.

The Inflammation of the INTESTINES.

THE inflammation of the exterior coats of the **INTESTINES** (of which the symptoms and manner of treatment are here laid down) differs greatly from that of the interior, villous, or mucous membrane; this last being attended with dysentery, or *apthæ*. (Vid. the Dysentery.)

The disease.

It is brought on by external cold, indurated *fæces*, heavy or hard bodies lying in the intestines, intro-susceptions, adhesive stimulants, spasmodic contraction of the intestines, *hernias*, and wounds. It takes place also, as other inflammations in the beginning of a fever. (Vid. the Pleurisy.)

The causes.

The symptoms are a pain in the belly, occupying different parts according to the intestine affected; but fixed to the place in which it arose at first. It is extremely acute, except when the disease arises from a wound, and then it is sometimes hardly sensible; it is generally equable, sometimes however increasing by fits, and sometimes diminishing a little. For the most part the whole belly is affected, at the same time, with spasmodic pains and flatulency. The pulse becomes small, hard, frequent, quick, and often at last irregular and intermittent. Coldness of the extremities, together with a sudden and great prostration of strength take place. The muscular fibres of the inflamed part contract, so that nothing can pass thorough; and sometimes the *sphincter ani* in such a manner that a small pipe can, with difficulty, be introduced into the *rectum*. Flatulencies in the stomach, sickness, violent reachings, and vomiting, are frequently produced. The tongue is dry, with great thirst, and the urine often pale, sometimes in small quantity,

Symptoms and progress.

quantity, and discharged with difficulty. The breathing is quick, the patient bending forward, and compressing his belly, the abdominal muscles being sometimes spasmodically contracted. At last *delirium* and convulsions come on from the irritation, and the patient dies.

The inflammation frequently terminates in gangrene and mortification, in which case the pain goes off, and the patient appears to himself for a little relieved; but the pulse continues frequent, small, and often irregular, and the extremities cold: *delirium* and convulsions soon come on, and he is cut off.

If it be left to itself, this disease kills sometimes in ten or twelve hours, and almost always before the end of the third day; so that there is seldom any suppuration. But if the intestines should suppurate, the pain diminishes, and is converted rather into a sense of distention; irregular, cold fits, with the other symptoms of internal suppuration arise; and the contraction of the muscular fibres of the intestines, the great frequency of the pulse, and other symptoms, go off.

There is a greater chance of a suppuration's taking place in the colon than in the *duodenum*, *jejunum*, or *ileum*.

The abscess may break either into the cavity of the *abdomen*, or into the intestinal canal. In the first case it is generally fatal, producing a hectic fever; in the second, the *pus* is evacuated by the *anus*, sometimes at first pure, afterwards mixed with the *fæces*, gradually diminishing if the ulcer heals, and the patient is restored; or a considerable quantity of matter continues to be discharged, a hectic fever is produced, and he sinks.

At the beginning of the disease, after the pain has continued for a few hours, sometimes a great secretion takes place in the intestines; the villous membrane is also affected with inflammation, and it is converted into a dysentery: on the other hand, when in an inflammatory dysentery the secretion is imprudently checked by astringents, this kind of inflammation often arises.

It should be distinguished from the stone in the kidneys or ureters, from inflammation of the kidneys, and other abdominal *viscera*; from the pleurisy, and other inflammations of the *thorax*; and particularly from spasmodic pains in the intestines, and obstruction of the passage through them where there is no inflammation. Distinctions.

It is to be cured by the immediate application of Cure. the most powerful means of *Resolution*; we are therefore to bleed to the quantity of 12 or 16 ounces, notwithstanding the smallness of the pulse, and seeming weakness; for the pulse becomes fuller, and the prostration of strength goes off, when the inflammation is diminished; as, on the other hand, they are increased by stimulants: the bleeding is to be repeated at short intervals till the pulse becomes soft.

Purgatives are contra-indicated by the contraction of the inflamed part; and when they have been given, and have not purged, they have often evidently increased the pain, and other symptoms: but evacuations from the intestines by means of glysters, are made with advantage, and (No. 9.) may be thrown in every two or three hours, till a stool is procured.

Relaxants have not so frequently been exhibited internally, as in other inflammations; nevertheless when used, they are of great service. (Vid. No. 13. 4.)

The

The circulation is to be brought to the surface of the body by the warm bath, or fomentations applied to the belly : but great care is to be taken, lest cold from the air or moisture in coming out of the bath, or changing the fomentations, should do more mischief than the Remedy does good : these are also useful when the *anus* is much contracted, so that glysters cannot be given.

Some degree of inflammation of the skin of the belly has been raised by cupping-glasses with benefit : but blysters have not been commonly employed.

If these means should fail of success, opiates sometimes cure by taking off the contraction, especially when joined with relaxants.

(No. 31.) ℞ Aq. Menth. Vulg. ℥iss
Syr. Diacod. — ℥ij ad vj.
Tart. Emet. — gr. $\frac{1}{3}$ ad gr. ss.
m Fiat Haustus.

The food, both during the inflammation, and for some days after it is cured, ought to be farinaceous decoctions, or moist preparations of the farinaceous seeds, as panada, &c.

The Inflammation of the STOMACH.

Causes.

It arises nearly from the same causes as that of the *Intestines*, excepting intromission, hardened *faeces* and *hernia* ; and it is more liable to be produced by acrid substances.

Symptoms and progress.

The symptoms are for the most part the same in both diseases, excepting the situation. In this case the pain occupies the region of the stomach ; and even the mildest things thrown down increase it greatly, and, at the same time, bring on the sickness and

and vomiting: the disease is altogether more acute; and, unless the most powerful means of relief be immediately employed, proves fatal.

It is cured by the same method as the inflammation of the intestines; excepting only that we can seldom exhibit any internal medicines, on account of the great irritability of the stomach. Cured.

The Inflammation of the RECTUM.

IT is seldom so acute as that of the *Duodenum*, *Jejunum*, or *Ilium*, nor so apt to produce smallness of the pulse, or coldness of the extremities, or to affect the stomach; neither is there such a stricture as to render the intestine impervious, and it more frequently terminates in suppuration.

The cure is the same, except that purgatives are used with advantage, and laxatives ought always to be employed.

The Inflammation of the SUBSTANCE of the LIVER.

Causes.

IT is produced by the common causes of internal inflammation, and by obstruction of the hepatic ducts, or *Ductus Communis Choledochus*, and is more common in warm climates.

It arises sometimes at the beginning of a fever, as other internal inflammations. In this case it is preceded by the symptoms of the first stage, and the fever for the most part continues. (Vid. the Pleurisy.)

Symptoms and progress.

The inflammation begins with an obtuse pain in the region of the liver, which is often but just sensible. This pain gradually increases, but is never very acute, if the membranes are not affected; nor is it accompanied by any great degree of general inflammation. The pulse, therefore, at the beginning is not at all altered, when the patient is free from fever; and frequently but very little till the time of suppuration. The swelling when large, or when the convex part is affected, is visible externally, and occasions a difficulty of breathing, with a cough, but seldom any considerable spitting: when the concave part is inflamed, if near the stomach, it brings on sickness, thirst, hiccup, vomiting; or if near any considerable hepatic duct, or the *ductus communis choledochus*, it prevents the passage of the bile into the *duodenum*, and a jaundice takes place. But in all other cases of inflammation of the liver, the quantity of bile thrown into the *duodenum* is increased, and the evacuations become bilious.

Terminations.

All the terminations of inflammation may possibly happen in this distemper; but by much the most common

tion is suppuration, which is attended by the ordinary signs of internal ones, together with a fluctuation, which is sometimes to be felt when any part of the liver, immediately under the integuments, is affected: the preceding symptoms of the disease at the same time diminish, or go off entirely.

When the abscess is considerable, a sufficient quantity of matter is absorbed to produce a hectic fever.

The *pus* opens to itself a way (1) into the intestines, by destroying the coats of an hepatic-duct, or a part of the *duodenum*, or (2) into the cavity of the belly, or (3), if the liver adheres to the *peritonæum*, through the integuments of the *abdomen*.

(1) In the first case, several purulent, or ichorous stools, are immediately brought on, and the matter afterwards continues to come away with the *fæces*.

(2) In the second, the sense of weight, and the swelling (if any there were) diminish, or go entirely off; the intestines are ulcerated; pains in the belly, and dropical symptoms come on, and, together with the hectic fever, kill the patient. When the *pus* is contained in the *abdomen*, it sometimes gets through the external integuments, particularly at the rings of the muscles.

(3) In the last case, there is an ulcer opening externally.

In whatever way the *pus* is evacuated, unless the patient is assisted by medicine, a hectic fever is produced, and he dies.

Sometimes after inflammations of the liver, and other internal parts, on opening the body, collections of water, without any appearance of *pus*, have been found.

It should be distinguished from inflammation of Distinctions.

the *pleura*, diaphragm, muscles of the *abdomen*, and spasmodic pain.

Cure.

The cure is performed by bleeding, blisters, relaxants, &c. as in other internal inflammations ; but the symptoms at the beginning not alarming the patient, it is often too late before the remedies are employed ; and from the slowness of the general inflammation, evacuations having less effect, this disease frequently terminates in suppuration, which, however, is to be avoided, if possible.

For this purpose we are to bleed to twelve or fourteen ounces any time before the fifth day ; especially if there be general inflammation : and the bleeding is to be repeated, if the general inflammation continues, or the patient is relieved but not cured.

If there be a free passage for the bile into the *duodenum*, purgatives are also to be given. (Vid. No. 21.)

In other cases relaxants (vid. No. 13. 4.) and blisters applied to the part, are principally to be depended on, and in all are useful.

If it be too late for the application of these remedies, or if they fail, and a suppuration takes place ; as soon as we know this from the symptoms, (No. 11.) is to be taken four or five times a day, increasing the quantity of the bark, so that the patient shall take from three drachms to half an ounce every 24 hours.

If the abscess points externally, we are to open it as soon as possible ; provided it appears from the immobility of the swelling that the liver adheres to the *peritonæum* ; and the dose of the bark is to be increased to $\mathfrak{z}i$ ad $\mathfrak{z}ij$, every 24 hours, 'till a good suppuration and granulation comes on. The medicine is to be used in the same manner, if from the purulent or

ichorous stools we judge that the abscess has broke into the *duodenum*.

Mercury has been given with the same intention, in as great quantity as could be taken without salivating the patient: but the bark appears to me to be preferable.

When any abscess breaks into the cavity of the *abdomen*, the same Means may be used, but the disease is commonly fatal.

The Inflammation of the MEMBRANES of the LIVER.

IT arises from the same causes as inflammation of the substance, but the symptoms differ as follows; the pain is more acute, it is attended with *inflammatory diathesis*, resembles more a pleurisy of the right side when the convex part is affected, and is to be treated nearly in the same manner as that disease.

The Inflammation of the CELLULAR MEMBRANE, lying under the Psoas MUSCLE.

Causes.

IT is produced by the common causes of internal inflammation, and also by strains and bruises.

Symptoms
and progress.

It agrees very much, excepting for the situation, in its symptoms, progress, and termination, with the inflammation of the liver: *i. e.* the pain is situated in the back, for the most part rather lower than the region of the kidneys: both it, and the other symptoms of the inflammation are slight, and seldom attended with any degree of general inflammation: the disease commonly terminates in suppuration, notwithstanding which, the pain sometimes continues, falling gradually lower: in other respects the usual symptoms of internal suppuration arise, such as irregular coldness, hectic fever, &c.

The *pus* makes its way through the *cellular membrane*, sometimes into the cavity of the *abdomen*, when it is fatal, (*vid.* inflammation of the liver); sometimes externally in the thigh, a little on the outside of the lymphatic glands in the groin; sometimes it appears in the loins; or dissects along the attachments of the abdominal muscles to the spine of the *ileum*, and forms a *tumor*, with fluctuation in the hip; or it passes down into the *pelvis*, and gets to the *perinæum*, or resembles the *hæmorrhoides*; often producing *caries* in the bones of these different parts, and pain on moving, or inability of motion in the muscles.

When

When the tumour and fluctuation appear, the matter may be commonly forced back by pressure; and when the abscess is opened, a large quantity of it runs out; it is likewise afterwards pressed out by moving the muscles of the parts affected.

It should be distinguished from inflammation and stone in the kidneys or *ureters*, *buboes*, *hæmorrhoides*, and inflammation and suppuration of those parts where the *pus* in this disease makes its appearance externally.

Distinctions.

It is to be treated in the same manner as inflammation of the liver, (except for the situation), both in the state of inflammation and suppuration.

Cure.

The Inflammation of the SUBSTANCE, and external COAT of the KIDNEY.

THIS disease is not common, as a determination of fluids to the kidneys, occasions an increased secretion of urine, sometimes mixed with blood, which prevents the inflammation.

Causes.

It arises from the common causes of internal inflammations, or from external injury.

A stone in the kidney produces inflammation, but most commonly of the internal membrane and *tabuli uriniferi*.

Symptoms and progress.

The inflammation begins with a pain in the region of the kidney, (*i. e.* in the back, near the articulation of the short ribs, higher up on the left side than on the right) often shooting down by the *ureter* to the bladder, and by the spermatic chord to the testicle. The urine is pale, its evacuation frequent, and in small quantities at a time, performed with difficulty, and with a sense of heat and pain: there is sometimes external redness. The leg of the side affected is seized with *stupor*; and the pain is increased upon standing, walking, coughing, lying on the opposite side, or in any other case where the kidney is moved, or the surrounding parts extended. The pulse is hard and frequent, and as the pain increases, often becomes small, quick, and sometimes intermittent, with coldness of the extremities, cold sweats, sickness, vomiting, fainting, *delirium*, convulsions, &c. as in the inflammation of the intestines, although not in so great a degree, nor arising so soon in the disease.

It admits of a natural cure, *viz.* the urine grows higher coloured, is secreted in greater quantity, and at last is copious, thick, and mix'd with mucus, relieving, and gradually diminishing the pain and other symptoms, till the patient's health is restored.

It may also go off by *metastasis*, &c. as other internal inflammations: or it may terminate in gangrene and mortification, which, in the interior parts of the body, are almost constantly fatal, and nearly with the same symptoms, (*vide* the *Pleurisy*.) In this case there is likewise an alteration of the colour of the urine, accompanied with *fætor*; or the inflammation may go off, and leave a *scirrhus*, which is known from the patient's being relieved, although the natural cure has not taken place, nor any symptom of suppuration appeared; from a sensible hardness sometimes continuing in the part; a *stupor* in the lower extremities on the side affected; and a diminution of the secretion of urine.

Or the kidney may suppurate, which is indicated by the common symptoms of internal suppuration.

It is to be remarked, that, although inflammations often suppurate on the fourth day, yet if any natural, or artificial method of cure be applied, the suppuration is retarded, but nevertheless if the remedy should not be sufficiently powerful, comes on at last, sometimes so late as the fourteenth.

The abscess breaks (1) into the *pelvis*; (2) into the cavity of the *abdomen*; (3) or lastly externally.

(1) In the first case, the sense of weight, and distention of the kidney (if any there were) goes off suddenly, and, at the same time, the urine is mixed with *pus*, which subsides to the bottom in a great quantity upon the breaking of the abscess, but afterwards in less.

If

If the matter is white, thick, and not foetid, the ulcer sometimes heals; otherwise a hectic fever comes on, and the patient is cut off; or lastly, the ulcer may continue a long time, without proving fatal.

The ulcer generally heals soon, or not at all.

(2) If it break into the cavity of the *abdomen*, it kills. (Vide the Inflammation of the Liver.)

(3) If it open externally, the urine comes away with the *pus*, and an ulcer is formed of very difficult cure.

Distinctions.

Inflammation of the kidney should be distinguished from a stone obstructing the ureter, from inflammation of the *Psoas Muscle*, and other adjacent parts, and from inflammation and spasmodic, or other pains in the intestines.

Cure.

The cure is to be performed by the medicines commonly used in internal inflammations; to which may be added the following.

(1) Gentle diuretics,

(No. 32.) ℞ Sem. Lin. ʒss

Sem. Petrosel. ʒss

Aq. Font. Bullient. ℥j.

Infundantur simul per Hor. ss. et cola.

Collatur. adde.

Succ. Limonum et Sach. Alb. q. s.

ad gratam Acedinem Dulcedinem-

que. Bibat Poculum frequenter.

A moderately warm *femicupium* may also be used to promote the secretion of urine.

(2) Mild laxatives and glysters. (Vide No. 8, 9.)

(3) If there should be any external symptoms, fomentations and poultices may be used. (Vide No. 23.)

Lying

Lying on the back, as it prevents the passage of the urine into the bladder, is to be avoided.

If the kidney should suppurate, the treatment is to be nearly the same as in suppurations of the liver, (vid. Inflammation of the Liver.) And the patient is also to take infusion of linseed, or decoction of althæa root for his common drink, after the abscess is broke, in order to dilute the urine, and prevent it from stimulating the surface of the ulcer, which would hinder the cure.

Some have proposed the exhibition of the balsams of trees, to promote the granulation; but the bark appears to me to be preferable.

The management of the food, &c. in these suppurations, is to be the same as in the pulmonary consumption.

The

The Inflammation of the BLADDER.

THE inflammation of the exterior coats of the bladder differs from the abrasion, exulceration, or inflammation of the internal, or mucous membrane.

Causes.

It is produced by the causes of internal inflammation; by the rubbing, or pressure of a stone; external hurts; and by strictures in the urethra.

The neck of the bladder is thicker than any other part, and more exposed to injury from the stone and bruises.

The stone in the bladder more commonly produces an inflammation, or abrasion of the mucous membrane than this disease.

Symptoms and Progress.

The inflammation begins with a violent pain in the region of the bladder, *i. e.* in the *perinæum*, or in the belly, immediately above the *pubes*, deep seated, and sometimes attended by a redness in these parts. If the neck be the part affected, there is a retention of urine, together with a constant *stimulus* to its evacuation; if the bottom be the part diseased, there is a continual dribbling, with great efforts to throw out a larger quantity at a time, which the patient conceives to be contained in the bladder. These symptoms are accompanied with frequent attempts to expel the *feces* with which the *rectum* appears to the patient to be always loaded; these increase the pain very much, particularly when any *feces* are actually contained, and especially if they are hard. The pulse is frequent and hard, the extremities become cold, there is immense anxiety and restlessness, with sickness, vomiting, delirium, and the other symptoms of irritation, as in the inflammation of the

the intestines, and the patient for the most part is cut off in a short time.

It also frequently terminates in gangrene and mortification; the pain goes off, but the other symptoms continue, and the patient dies soon after.

Or it may be carried off by an increased secretion of *mucus* from the internal membrane, gradually relieving the symptoms; or by a *metastasis*.

Or if the disease should not be so violent, especially when the neck of the bladder is the part affected, it may proceed to suppuration, most of the symptoms going off; uncertain rigors and coldness taking place; and a difficulty in making water, or a total retention of it, with a constant irritation to its evacuation, or a *tenesmus*, with a sense of weight, (as the abscess occupies the neck or *fundus*) remaining till the *pus* is evacuated.

The matter may make its way into the bladder, and come away with the urine, leaving an ulcer there; or into the cellular membrane, and from thence externally by the *perinæum*, after destroying the circumjacent parts in its passage, and producing a *sinous* ulcer; or it may get through the *peritonæum* into the *abdomen*, when it generally brings on fatal symptoms. The ulcers in the bladder and *perinæum*, are of difficult cure.

It should be distinguished from inflammations of the circumjacent parts, and from retention of urine produced by other causes. Distinctions.

It is to be cured by the common means of *Resolution* in internal inflammations; as bleeding, relaxants, &c. Cure.

These are to be employed immediately on the appearance of the disease, and prosecuted with vigor, or it will soon be fatal. There should be added gentle laxatives,

laxatives, or glysters to keep the belly open, especially the first; as glysters by pressing on the bladder, when a part near the *rectum* is inflamed, may be detrimental, and should therefore only be used when there are indurated *fæces*.

(No. 9.), but in smaller quantity, is proper in this case; otherwise (No. 8.) may be exhibited twice a day, or oftener, as there may be occasion.

If there should be external symptoms, fomentations and poultices are to be applied; taking care that they do no hurt by their pressure, and that the cloths or herbs be not too moist, lest the water should run upon the linen and bed cloaths.

(No. 33.) ℞ Flor. Cham. Manip. ij.

Folior Rut. vel. Matricar. Manip. j.

Capit. Papaver. Alb. sem. dempt. ʒj.

Rad. Alth. recent. ʒj.

Optime contundantur et coquantur
in Aq. Font. q. s. per Minut. v.

Decocto utatur pro fotu, et Herb.

Coct. pro cataplasmate, addend.

unguent. simpl. ʒij.

If there should be no external symptoms, the skin of the belly, and *perinæum*, is to be rubbed with (No. 22.) which is preferable to blisters, on account of the inconvenience of their application.

The drink should be mucilaginous decoctions; and, if the urine be retained from a stricture in the neck of the bladder, only in small quantities.

In this case too, it is necessary to evacuate the urine by art, to avoid gangrene and mortification; but this should be done with great caution.

If

If notwithstanding the use of these remedies, and after sufficient evacuation, a spasmodic contraction, and pain should continue; opiates, as in inflammations of the intestines, may sometimes be useful.

If the bladder suppurate, the *pus* is to be evacuated as soon as possible, and the remedies already recommended in ulcers of the kidneys, are to be employed.

The

The Inflammation of the WOMB.

Causes.

IT arises from the common causes of internal inflammations, tearing, bruises, external *stimuli*, and obstructions of the *menstrua*, or *lochia*.

It happens frequently after abortions, and child-birth, especially when the *lochia* are prevented from coming on, or are stopt by cold, or any other cause; and is then attended with symptoms different from those which appear when an *uterus*, not lately impregnated, is inflamed.

Symptoms and progress.

In the first case, there is a pain at the bottom of the belly, more distended, and for the most part, neither throbbing, nor constantly very acute; the pulse is frequent, especially after child-birth, often small, sometimes irregular, and in strong habits, and after early abortions, hard; the patient is affected with *delirium*, *subsultus tendinum*, and the other symptoms of irritation; the womb gangrenes, and mortifies, and the patient sinks. In the second, the pain is more constant, bounded, and throbbing, the pulse hard, full, and strong, with the other symptoms of general inflammation; or, if the disease rises to a greater height, it is small, and very frequent, with the other symptoms of irritation; suppuration is also more liable to happen. In both cases, as different parts of the womb are affected, there is stranguary; or suppression of urine; or *tenesmus*, and pain in going to stool; or pain in moving the lower extremities; or swelling and heat, which may be felt upon introducing the finger into the *vagina*, the *os tincæ* being shut: universal restlessness, thick urine, and pain from external pressure, take place; and, if it should happen in an impregnated *uterus*, an abortion follows.

It

It may be naturally cured by the *menstrua*, or *lechia*, breaking out plentifully; or after child-birth, or abortion, by the patient's falling into a constant, equal, gentle, long-continued sweat. Or it may terminate in gangrene and mortification, with the usual symptoms of internal ones, and kill.

Or it may suppurate, with the common symptoms, and the abscess formed, may break into the cavity of the *uterus*, bladder, or *rectum*, or externally by the *perinæum*, or into the cavity of the *abdomen*.

In this last case it is fatal, and in the others, leaves ulcers difficult of cure.

Or it may be cured by *metastasis*.

Or it may leave a *scirrhus* behind.

Inflammation of the womb in delicate, or weak women, after child-birth, where there is no hardness, but great frequency of the pulse, is for the most part fatal. The only remedies we can employ in this case, are the keeping the patient in bed, moderately warm, exciting if possible a gentle, constant sweat, by *farinaceous* decoctions in small quantities at a time, but frequently repeated; and applying antispasmodic fomentations, and poultices, as (No. 33.) to the lower region of the belly, and external parts of generation. Bleeding increases the weakness without diminishing the inflammation; relaxants produce great sweating or purging, without relief; and all very considerable evacuations are hurtful. The belly not having hitherto been rubbed with stimulants and antispasmodics, it is worth while to try them, and (No. 22.) may be used: but blisters, besides the inconveniency of their application, are apt to render the pulse more frequent. In abortions, and labours, where the patient has not been so much weakened, when the pulse is hard and not very fre-

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quent, it is useful to take away blood, but this evacuation cannot in general be often repeated with advantage; and therefore the cure is afterwards to be committed to relaxants (No. 4.), and antispasmodic fomentations and poultices (No. 33), taking care that the first produce no purging, and keeping the patient in bed, moderately warm. When the *lochia* have stopped, stimulating *emenagogues* have sometimes been used, in many cases, with manifest disadvantage, and seldom with good effect.

If the pain continue in these cases, notwithstanding the above treatment, opiates may sometimes be given with success, as in inflammations of the intestines.

When the inflammation attacks a womb not lately impregnated, the common remedies used in internal inflammations are to be employed, according as the disease is attended with *Inflammatory Diathesis*, or the symptoms of irritation.

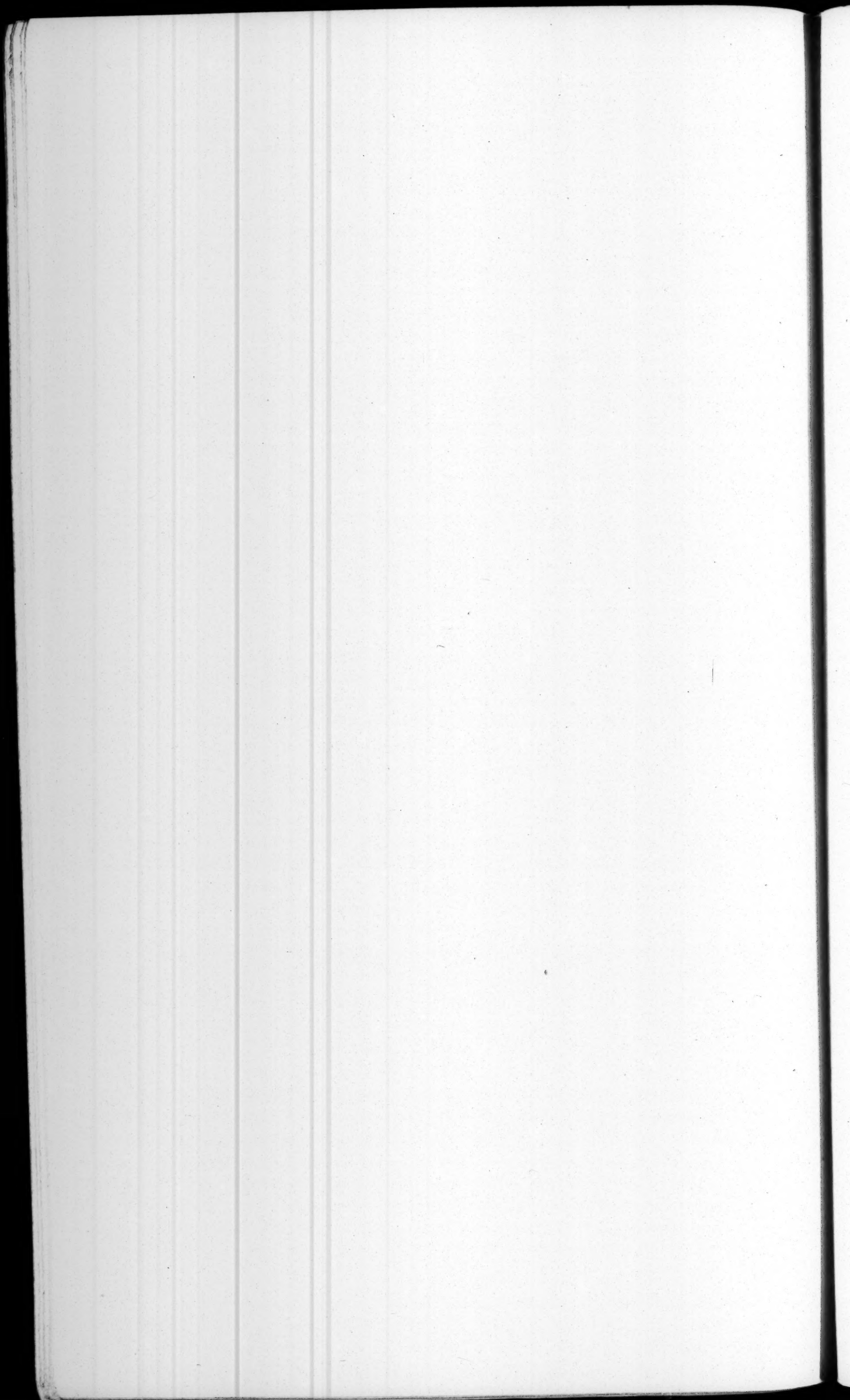
We are always to guard against pressure on the part affected, whether that pressure be external, or arise from urine contained in the bladder, or from *faeces* in the *rectum*: in the second of these cases this may be done by the catheter; and in the third by glysters, which after labours, where the patient is weak, should consist almost solely of watery fluids.

The food, when the patient is much reduced after labour, must be animal broths; otherwise *fari-naceous* decoctions.

If the *uterus* should suppurate, we are to endeavour to procure an exit to the *pus* as soon as possible; which however can hardly be done, except when it points in the *perinæum*, where poultices of bread, milk and oil, are in this case to be applied; and as
soon

soon as any fluctuation is felt, the abscess is to be opened.

N. B. *Inflammations also sometimes arise in the other abdominal viscera; but being attended with symptoms similar to those already treated of, excepting for the situation, requiring a similar treatment, and happening but seldom, they are not here enumerated.*



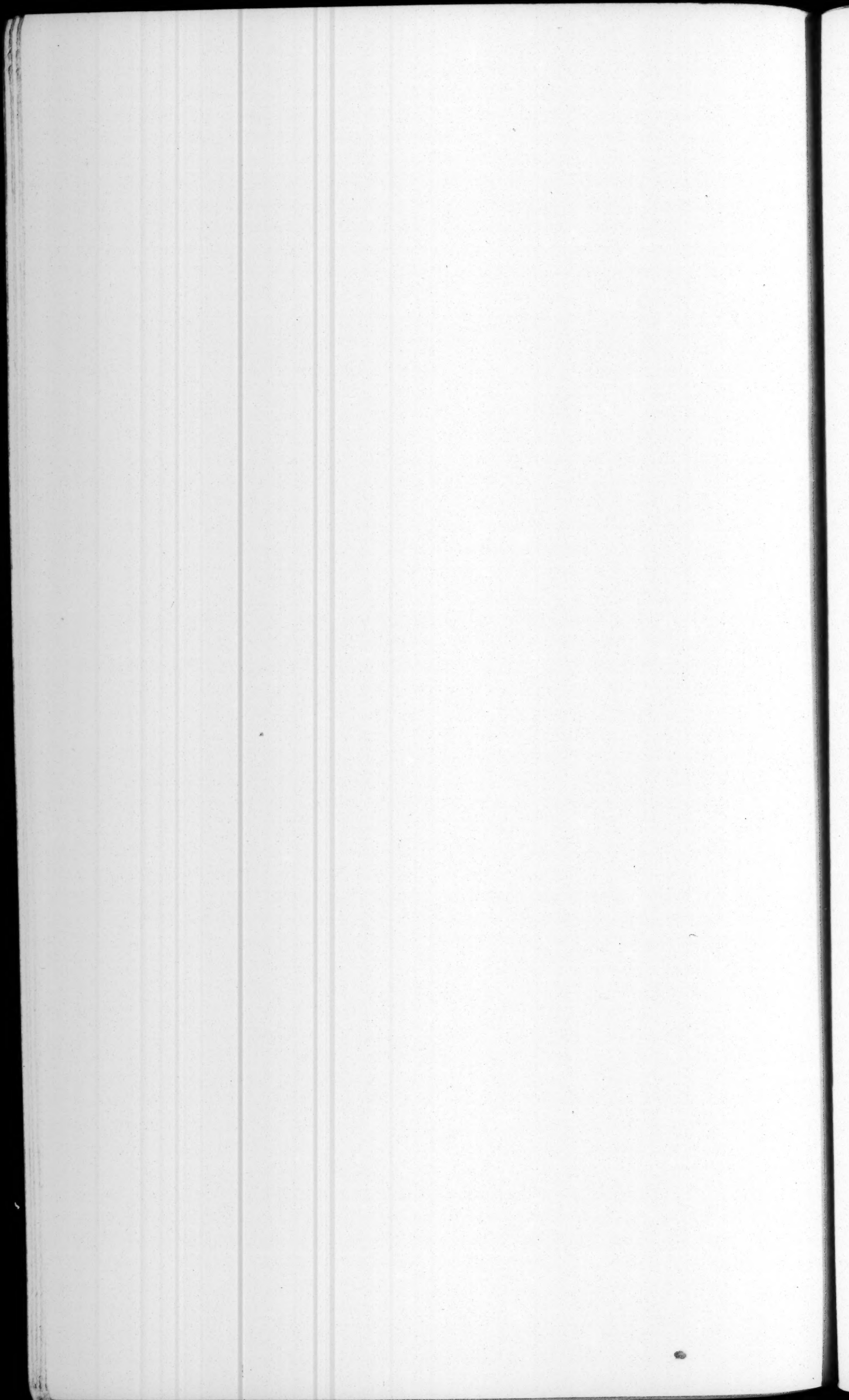


T H E
I N F L A M M A T I O N S
O F T H E
M U C O U S M E M B R A N E .



G 3

T H E



The C A T A R R H.

IT is an inflammation of, or greater secretion from, the mucous membrane of the nose, eyes, throat, mouth, or lungs, and properly should be divided into different diseases.

It arises generally from cold, sometimes from the passions of the mind, perhaps also from *stimuli*. Causes.

The effects of cold, according to its different application, are various; *viz.* The effects of cold on the body.

When the skin is exposed to it gradually, and not to such a degree as to kill by its sedative power, it produces a contraction of the external vessels, an increase of the internal circulation and secretions, and checks the cutaneous perspiration, but for the most part no disease ensues; on the contrary, it gives greater strength to the whole habit: sometimes however, scaly eruptions take place on the skin; troublesome ulcers in the extremities, difficulty of breathing with cough, and a great secretion of mucus in the lungs, where they have been weakened by frequent, or long catarrhs, especially where the chest is narrow; and in very irritable parts (as the skin in children) erysipelatous inflammations ensue.

When the change from heat to cold is sudden, it is often followed by rheumatisms, catarrhs, diarrhæas, and dysenteries; inflammations, particularly internal ones, fevers, &c. and frequently such changes are attended with no bad consequences.

Cold has sometimes these effects, when applied for a few minutes; at other times it fails, unless it be continued longer.

The danger is often as great, and sometimes even greater, when a part only of the body is cooled.

It is not the absolute, but relative degree of cold, that brings on these diseases; for whatever the present heat be, a sudden diminution is dangerous, and more so when the thermometer is high; and, *cæteris paribus*, the greater the change, the greater the effect.

More people are affected by it in spring, and autumn, than in winter, or summer, on account of the greater difference, at these seasons, of the temperature of the air, in the day and night, in places exposed to the sun, or in the shade, and in substances more or less compacted.

Cold may be communicated by the air, or by any solid, or fluid matter, or it may be generated on the surface of the body; but it does not act in all cases with equal power.

The more readily any substance communicates its heat, the greater are its effects, and *e contra*. Hence cold metals, stones, and moist cloaths, especially of a firm texture, &c. are dangerous.

The vapours surrounding the body, defend it from the external atmosphere. Hence cold air in streams, does more mischief, than when at rest.

Cold is generated,

(1) By evaporation. Hence moisture on the skin, and cloaths, is extremely hurtful, and especially when the water is pure; as some substances united with it, neutral salts, for example, in sea-water, diminish its volatility, and consequently its bad effects; whilst others, as essential oils, stimulate and counteract it.

(2) By the solution of water in air. Hence winds that have passed over large continents, or high hills, having but little water chemically combined, readily dissolve the matter of the insensible perspiration and any moisture that may be on the skin, and are apt to produce diseases; neither are people thoroughly defended

fended from this air in houses, especially those who have been much affected with rheumatic pains. Hence also, if water be mechanically mixed with air (which in this case is commonly said to be moist), the heat of the body makes a solution take place immediately upon its surface, which again generates cold: an atmosphere therefore containing it in this state is likewise dangerous.

Air chemically dry, blown over any moist place, dissolves the water, and becomes cold. Hence the east-wind here, and similar ones in other countries, are by much the coldest.

Air, into which water has just evaporated (as, for example, in a chamber of which the floor or walls are moist) is cooled both by the solution and evaporation of the water, and also by the solution of it on the surface of the body; and is from these circumstances extremely apt to bring on a disease.

An equal exposure to cold affects some persons much more than others; and the same man at one time more than at another.

Those of more irritable habits are more subject to be injured by it. Hence, if any one has been surrounded by warm bodies for a considerable time, as in hot climates in the summer, especially when it is long, or if he has been warm in bed, or covered every where with cloaths, &c. diseases, and those of the worst kinds, as fevers and dysentery, are very apt to arise, even from slight applications of cold.

If the circulation be greatly increased in the external parts, and the cause of this increase has ceased, and cold be applied, it is seldom that a man escapes; and if a cold fluid, especially without *stimulus*, be taken into the stomach, it has the same effect, as if it were applied to the skin. Hence drinking cold

water after being heated with exercise, and then continuing at rest, or bathing under the same circumstances, or any other like exposure to cold, or going from a room heated to a great degree, into the open air, &c. is extremely dangerous.

A man runs a great risk of catching cold, when the powers of circulation are weak; as after evacuations, when the stomach is empty, when the strength has been reduced by disease, &c.

Those unaccustomed to the changes in temperature of the air, and those in whom cold hath already produced diseases, are more liable to be affected.

Exposure of a part of the body unaccustomed to cold, is very apt to do hurt.

Coldness acts more powerfully when joined with anxiety, fear, and the other passions of the mind, in which the force of the circulation is diminished, or the external vessels contracted; and also with putrid vapour, or air partly unfit for respiration.

Cold contracts the external vessels, throws a greater quantity of blood on the internal, and obstructs the cuticular perspiration; but its effects are not in proportion to the contraction, or obstruction, but to the quickness of the change of the circulation, the irritability of the habit, and universality, firmness, and continuance of the contraction.

We may prevent it from having any bad effect, by avoiding or counteracting it.

It may be avoided by covering the body with cloaths of a loose texture, as flannels, calicoes, &c. and wearing them next the skin, where there is great danger; and by taking care not to expose it, in those circumstances where cold is most liable to affect it.

It may be counteracted,

(1) By increasing the force of the circulation by stimulants, as wine, &c. or exercise. Hence, when a man is actuated by any of those passions which increase the circulation, as courage, enthusiasm, &c. any degree of cold almost can be borne without detriment.

(2.) By strengthening the system.

(3.) By diminishing the irritability by opium, bark, living in a colder atmosphere, &c.

(4.) By gradually accustoming the body to bear changes from heat to cold, which ought never to be such as will bring on any disease.

CATARRHS are apter to arise from cold, in the spring and winter, in variable and cold climates, and in variable weather; and they happen more readily to people who have narrow chests, or long necks, or such as have formerly been affected with them, especially if tubercles are left in the lungs; or to those of lax habits, or whose parents were subject to this disease.

Predisponent
causes of the
catarrh.

Sometimes the inflammatory symptoms precede the increased secretion; in which case it has been called a *hot catarrh*. Sometimes the secretion of the *mucus* is increased at the beginning, the inflammation coming on afterwards, but seldom in so great a degree; when it is said to be a *cold catarrh*.

Symptoms.

In the first case the symptoms, according as the different parts are affected, are

A redness, heat, foreness, and sense of distention in the eyes and eye-lids, there being at the same time a great secretion of tears, and of watery *mucus*, containing neutral salts, which running down the cheeks sometimes stimulate and inflame them. When the

Nose

Nose is affected, there is a sense of stuffing and swelling in the nostrils, an alteration of the voice, and a loss of smell; and if the inflammation runs high, there is secreted a thin *mucus* which produces heat, soreness in the nostrils, sneezing, and sometimes inflammation with excoriation of the upper lip; or falling backwards into the throat, *trachea*, or lungs, it inflames them. These symptoms are now and then attended by a swelling of the nose, or of the whole face, with a degree of languor and stupor, and a deafness, soreness of the ears, and running from them. When the throat is the part diseased, the tonsils, and other parts are red, sore, and hot, accompanied with a secretion of watery mucus which stimulates, and occasions a constant, troublesome, tickling cough; sometimes the whole mouth is sore; there are little excoriations of the tongue, and a constant flow of saliva, with soreness of the salivary glands, and the lips are inflamed and excoriated. When the *larynx* or *trachea* are affected, a soreness is felt in them, attended with hoarseness, and for the most part with a troublesome, tickling cough. In the lungs, this disease produces a soreness, tightness, and sense of stuffing in the breast, with difficulty of breathing, and violent cough, with which either nothing, or only a watery mucus is at first spit up, and which produces soreness under the *sternum*, and in the sides, and sometimes head-ach, sickness, and reaching.

Sometimes all these parts are affected at once, but frequently one only at first, the disease spreading from thence to the others.

It is attended with more or less of general inflammation, according to the strength of the patient, or violence of the disease; the natural evening *paroxysm* of
of

of fever is also increased, and with it all the symptoms; and this together with the cough, often deprives the patient of sleep, especially in the fore-part of the night, going off in the morning with a gentle moisture on the skin.

In weak or scorbutic habits (as they have been called) the pulse becomes frequent, but not often hard; the appetite is lost; and there is great increase of the evening *paroxysm* of fever.

Sometimes the disease is preceded by, or accompanied with, a fever.

In the *cold catarrh*, the secretion of the *mucus* comes on first; there is therefore a running from the nose; but the matter is not watery; but viscid, though thin, and not very stimulating; or the same kind of *mucus* in the throat, produces a cough, by which it is thrown off, and sometimes *nausea*; or in the lungs a cough with spitting, (which is much more considerable after sleeping) but no great soreness, or sense of stuffing. These are followed in a day or two by the inflammatory symptoms, but not in a great degree; nor is the whole system often much affected.

There are in this disease all the varieties imaginable, from the most partial, to the most universal, from the slightest to the most violent, from the most inflammatory to the least inflammatory, from the whole system being not at all to its being very much affected, according to the cause producing the distemper, or the habit of the patient.

The symptoms already enumerated, are followed by a secretion of *mucus* in greater quantity, becoming viscid, if it was not so at the beginning, and losing its *stimulus*; and if the inflammation be great, sometimes growing white or yellow, and being now and then tinged with blood; as this goes on, or as the
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other

other symptoms gradually abate, the secretion diminishing, and the *mucus* returning to its natural colour and consistence, till the disease is cured.

When the patient is in a cold atmosphere, the cough is for the most part more troublesome; the other symptoms also are prevented from being carried off, and the disease is prolonged; and if he is suddenly exposed, a fresh exacerbation ensues, and it runs through the same course: by either of these it may be continued during the winter, and going off in the summer, recur upon the return of the cold weather, and from the slightest cause become habitual; and now and then the secretion is so considerable, that it greatly weakens, and sometimes kills.

If the inflammation be great, it sometimes runs deeper than the mucous membrane, and *angina* or *peripneumony* come on; and if there be *inflammatory diathesis*, and the cough be very violent, a pleurisy may be produced.

Or an *hemoptoe* may arise.

Or an excoriation, and exulceration of the lungs; and of consequence, pulmonary consumption may take place, especially where there are tubercles.

Or it may be cured by *metastasis*, especially by eruptions about the mouth.

It is much apter to terminate ill, in those naturally disposed to be affected; and when cured it often leaves adhesions of the lungs to the *pleura* or *tubercles*.

Distinctions.

It is to be distinguished from *angina*, *peripneumony*, the ulcerous sore throat, venereal, and other exulcerations in the throat, pulmonary consumption, whooping cough, *asthma*, and other difficulties of breathing, and inflammation of the mucous membrane preceding or accompanying the small-pox or measles.

The

The cure is performed,

1st, By weakening the system, by evacuation according to the general inflammation, or the strength of the patient. Cure

If therefore there should be considerable *inflammatory diathesis*, and especially if the breast be the part affected, we are to bleed from ℥xii to xvi , and repeat the operation if the hardness of the pulse, &c. continue; but if the inflammatory symptoms be not great, and do not affect the whole habit, it is unnecessary; and when the patient is weak, and the secretion thin, and in great quantity, it is even sometimes hurtful.

Purging also diminishes the inflammation, and may be likewise used when the secretion is too great.

(No. 34.) $\mathcal{R}$ Tamarind. ℥iij .

coque in Aq. Font. ℥vj per v Minut.
colatur. adde

Sal Cathart. Glaub. ℥vj ad x.

Vel. Polychrest. Rupell. ℥iiij ad vj .

Mann. — — — ℥fs .

Træ Sen. ℥iij .

Ft. Potio Purgans. Cap^t. mane ij vicibus, Intervallo Horæ fs.

When the *Inflammatory Diathesis* is not very considerable, or where it has been diminished by bleeding, after the purgative in the evening an opiate may be used.

(No. 35.) $\mathcal{R}$ Aq. Cinam. Ten. ℥fs .

Aq. Cinnam. Spir. ℥iij .

Syr. Diacod. — — ℥fs ad ℥j .

Tart. Emet. gr. — $\frac{1}{3}$ ad gr. fs.

Ft. Haust. Cap^t. H. S.

If

If the inflammatory symptoms should continue, or the secretion be still too great, the purgative, and when proper, the opiate, may be repeated after a day's interval.

2dly, By taking off the inflammation when it occupies the breast, especially if there be any acute pain, by means of blisters applied as near to the part principally affected as possible; or when the throat is sore, or there is hoarseness, by using (No. 22.)

3dly, By promoting the secretion, where it is not sufficient. (Vid. the *Peripneumony* and *Angina*.)

4thly, By giving mucilaginous medicines to cover the mucous membrane, and allay the cough.

(No. 36.) ℞ Sem. Lin. ℥ss.

Aq. Font. Bull. ℥iv.

Infund. simul per Hor. dein adde

Aq. Font. Bull. ℥xx.

Syr. Limon. — ℥ij.

Colaturæ bibat cyath. calid. frequenter.

(No. 37.) ℞ Aq. Puleg. ℥jss.

Sperm. Coet. ℥ss.

Vitell. Ov. q. f.

Syr. Pect ℥ij.

Ft. Haust. iv^{ta} quâque horâ fumend. Or (No. 25, 30.) may be used.

When the complaint is slight, these mucilaginous medicines are often sufficient for the cure.

5thly, By restoring the circulation to the skin by relaxants (No. 4, 13.) which are useful in all cases; and where the inflammatory symptoms are much diminished, or have not come on, opiates are added to them with advantage.

(No.

(No. 38.). ℞ Extract. Thebaic. gr. x

Extr. Gent. gr. x.

Tart. Emet. gr. ij

Ft. Pill. vj. Capt. unam ter indies.

When the inflammation is great, the patient should be confined to vegetable farinaceous food, and the drink should be mucilaginous warm infusions, or decoctions, acidulated; and he ought to be confined to a room moderately warm: but in lighter cases this is not necessary.

Nothing contributes more to the cure, than avoiding exposure to cold, especially in those circumstances where it has the greatest effects on the system; and this precaution is particularly necessary in those naturally liable to the disease, or where it hath continued long, or when there have been frequent relapses.

If it be drawn out to a great length, and the secretion hath weakened the patient, strengthening remedies are to be employed; and riding on horseback, in a pure, dry air, is frequently of service; but these are only to be practised when there is little or no inflammation. Resinous pectoral medicines have sometimes been given here also with success.

T H E

ERYSIPELATOUS SORE THROAT,
O R

SORE THROAT attended with ULCERS.

Predisponent
Causes.

IT is more frequent in the latter part of the autumn, than at any other time of the year, and generally attacks children, and people of lax habits.

Causes.

It is often, but not always, produced by exposure to infectious vapour: when it is not, it most probably arises from cold, in habits predisposed to the disease.

Symptoms
and progress.

It begins sometimes with *rigor*, and *horror*, and coldness; but these symptoms, as well as those affecting the whole system, during the progress of it, seem rather to arise from irritation, than from a regular fever. The symptoms of inflammation in the throat, are at first a fiery redness, sometimes without much swelling, sometimes with a pretty considerable, but puffy one, which does not prevent the swallowing, or breathing in any great degree, and is attended with a stiffness of the neck. This is soon followed by whitish sloughs, not rising above the surface of the membrane, and for the most part surrounded by a redness, which, according to the disease, is in all the degrees, from a very florid colour to almost a black; the sloughs change gradually to an ash colour, and sometimes to a blackish one, giving an offensive smell to the breath, spreading and running deeper till the patient is cut off. In this case, the parts on dissection have rather the appearance of
rotten-

rottenness than of an animal putrid mass; or the sloughs fall off, leaving ulcers, which either fill up, and skin over, or are covered with fresh ones; sometimes also the patient recovers without any sensible separation.

At the same time, if the disease be violent, the mucous membrane of the other parts of the body is affected, and sickness, vomiting, and sometimes purging, come on at the beginning; these generally leave the patient in about 24 hours; but if they continue, they add very much to the danger: the eyes are also red and watery, the membrane of the nostrils is inflamed, a watery stimulating fluid runs from it, and sometimes hæmorrhages ensue, which are often fatal if they arise the third or fourth day, or afterwards: there are also instances of the *vagina's* being inflamed, and exulcerated, and of the *menstrua* coming on, although it be not their usual period. After a day or two, the skin of the extremities, and of the throat externally, is often affected with erysipelatous inflammation, and little eruptions take place, relieving the sickness; purging, and other symptoms, arising from the mucous membrane of the intestines being diseased.

These are accompanied by symptoms of irritation, in a greater or less degree according to the disease. When severe, it mostly begins with *rigor* and *horror*, coldness followed by heat, frequency of the pulse, restlessness, anxiety, heaviness of the head, and pain in the forehead. To these succeed the symptoms of the inflammation, most of the others continuing: the pulse seldom becomes hard, full and strong; but often excessively frequent and small: the evening paroxysm of fever is very considerable, and is often attended by *delirium*, even sometimes the first night af-

ter the attack ; in the morning the patient falls into a moderate sweating, and is somewhat relieved, but the symptoms in general increasing, he is, in many cases, carried off on the fourth or fifth day, a remarkable obscurity of the eyes coming on some hours before his death : otherwise the throat begins gradually to put on a better appearance, and all the symptoms diminishing, he is cured. When the disease is very slight, the system is hardly affected.

Distinctions.

It is to be distinguished from the *catarrh*, *angina*, other exulcerations, and *aphthæ*.

Cure.

As this inflammation arises in lax and irritable habits, and is not accompanied with general inflammation, but with the symptoms of irritation ; evacuations, especially by bleeding or purging, are not only useless, but detrimental.

It is also to be observ'd in the treatment, that for the most part, the sloughs, which are a species of gangrene, appear before any medicines are applied.

At the beginning a gentle emetic may be exhibited with advantage, especially if there be vomiting and purging.

(No. 39.) ℞ Infus. Flor. Cham. ℥iv

Tart. Emet. — gr. fs ad gr. j

Solution. bibat calidam, superbibendo Infus. Flor. Cham.

The patient is also to be kept in bed moderately warm.

If the purging continues, it is necessary to check it by stimulants, or opiates.

The action of the vessels is to be kept up by stimulants.

(No.

(No. 40.) ℞ Aq. Cinnam. ten. ℥jss
 Aq. Nuc. Mosch. ℥ij
 Pulv. Contr. simpl. gr. viij ad ʒj
 Syr. Limon. — — ʒiij
 m Ft. Hauſt. tertiâ vel iv^{ta} quâque horâ ſumend.

And if the ulcers be ſpreading, the bark in decoction, to the quantity of an ounce, or even more, in 24 hours, has been exhibited with ſucceſs; taking care, in caſe the anxiety and reſtleſſneſs are increaſed by it, to omit it.

Wine, as old hock, may be given along with the drink, which ought to be acidulated, if it does not produce a purging.

The volatile liniment may alſo be applied externally to the throat with good effect; and bliſters have been ſometimes employed.

In the mean time the throat is to be waſhed with acid and aſtringent gargles; which may alſo be thrown in by a ſyringe, when the patient cannot uſe them himſelf.

(No. 41.) ℞ Træ Roſar. ℥viij
 Acid. Vitriol. gutt. x
 Alumin. — ʒſs
 Træ Myrrhæ ʒj
 m Ft. Gargarisma. Utatur ſæpius.

The food may conſiſt of the ſubſtances marked
 (Fevers Ind. 1ſt. A. a. b. c.)

The CHOLERA MORBUS, DIARRHOEA and DYSENTERY.

Definition.

THOSE purgings, which are attended with a degree of inflammation in the intestines, are here to be treated of.

Causes.

A purging may be brought on by purgatives, acidity, or putrescency of the substances contained in the *primæ viæ*; too great a quantity of bile; *pus*, either from an abscess, or secreted from the blood vessels; laxity of the glands of the intestines; general weakness; the peristaltic motion of the intestines going on too quickly; and no inflammation of the mucous membrane taking place, it may go off without any bad consequences; or weaken the patient, and cut him off, without terminating in dysentery.

Those who have been rendered weak, or irritable by a hot, or long-continued summer, or by living in a warm climate, or in putrid vapour, are peculiarly liable to this disease.

It is produced by cold, or putrid vapour, or arises as a partial evacuation in fever, or from a purging from any cause, if it has either continued long, or happened in a habit predisposed; or it begins with phlegmonous inflammation of the intestines.

Symptoms of the cholera morbus.

When the whole *primæ viæ* are considerably affected at the beginning, sickness, pain, flatulency, and distention of the belly come on, and are accompanied by frequent vomitings and painful purging of bile, and of all the other fluids secreted into the intestines, together with the symptoms of irritation, *viz.* a frequent and sometimes small and unequal pulse, heat, great anxiety and thirst, and after some time cold sweats,

sweats, and spasmodic contractions of the extremities; the patient sinks sometimes in twenty-four hours, and it is called the *cholera morbus*.

If, on the other hand, the disease be very slight, and not attended with much inflammation, there is a copious purging of all the fluids secreted into the intestines, with little pain, sickness, or even loss of appetite, or alteration in the pulse; and if the patient avoid fresh exposure to the causes, these symptoms leave him in two or three days, the *faeces* acquiring their former consistence, and the evacuations becoming less frequent.

Symptoms of
the diarrhoea.

If it be in a middle degree, and does not take place as a partial evacuation in fever, it comes on with external coldness, loss of appetite, and sometimes sickness and vomiting. These are attended by flatulency, frequent, copious, thin evacuation of bile, and of all the other fluids secreted into the intestines; dryness of the tongue and thirst; a frequent, but not a hard and full pulse; and there is generally at first but little pain. In a day or two, however, the stools begin to be less copious, become frothy, and are preceded by considerable pain, and no bilious matter or *faeces* are evacuated (excepting now and then), but they become slimy, often streaked, or mixed with blood, and foetid; and there is the appearance of fat, and often hard masses, and sometimes concretions of coagulable lymph, resembling the internal coats of the intestines; and it appears from dissection, that the disease has left the upper part of them, and that it now occupies the *colon, rectum*, and the end of the *ileon*. To these symptoms are added *tenesmus*, (that is, a frequent, but fruitless attempt to evacuation) and now and then a soreness about the *anus*, and an appearance of *pus* in the stools: there is also in some cases

Of the dysentery.

strangury ; and in others *aphthæ*, spreading through the whole intestinal canal to the throat, especially after the disease has continued some time.

The symptoms of irritation, together with the evacuation, sometimes weaken and cut off the patient in a week or two, and that even when they were slight at first ; sometimes again, they diminish, and the disease runs out to a much greater length ; swellings of the belly, dropfical symptoms, and those commonly attending weakness, coming on before his death : but now and then the purging gradually goes off, and he is naturally cured.

The lower part of the *colon* and *rectum*, may also gangrene and mortify ; in which case the pain is relieved, but the other symptoms continue and increase, the matter evacuated becomes blackish, ichorous, and exceedingly foetid, and death soon follows.

Although the disease at first hath nearly the violence of the *cholera morbus*, it may end in a *dysentery* ; which may also be brought on by purgings arising from any cause, the stools growing frothy, and the other symptoms following. In the first case it is more acute, and soon terminates fatally ; in the last it often runs out to a great length, and sometimes goes off.

When a *dysentery* comes on in the spring, or in cold climates, there is often a tendency to phlegmonous inflammation, and it begins with an acute pain in the belly, which is soon followed by a purging, and attended with hardness, frequency, and fullness of the pulse, and the other symptoms of general inflammation ; these continue for some days, and the disease afterwards proceeds as before.

If it takes place as a partial evacuation in fever, it is preceded by the common symptoms of fever, generally those of a violent one, the purg-

ing coming on (as already described) on the first, second, or third, and sometimes on any other day, and the patient being exhausted by both diseases, is soon carried off. Sometimes the fever has the appearance of an intermittent, or remittent; the purging being more frequent in the remissions, and either stopping or diminishing in the exacerbations. Sometimes also the fever is relieved, and, if the patient be not exhausted, gradually goes off.

Diarrhœas often come on in the *crisis* of fevers, the fever leaving the patient, and the *diarrhœa* stopping in a day or two of itself; and sometimes purgings, without any dysenteric symptoms, happening towards the end of fever, weaken and kill the patient.

Exulcerations have been found on dissection in the intestines of those who were long afflicted with the disease, but only inflammation in recent cases.

In the autumn after hot or long summers, and in warm climates, care is to be taken to avoid cold in those circumstances in which it is most liable to affect the system; and in camps, the vapour from putrid *fæces*. If there be great danger, the bark may be used, (vide No. 1.)

Prevention.

A moderate use of sour fruits in warm summers, and hot climates, tends also to prevent the disease.

In the *cholera morbus*, if the vomiting, purging, and other symptoms be very severe, chicken-broth without salt, decoction of barley, solution of gum arabic, or any other mucilaginous fluid, are to be drank plentifully, to prevent the inflammation from being increased by the efforts, or by the neutral salts in the matter secreted, until the patient be sufficiently reduced to render the exhibition of opium safe. If they be not in so great a degree, a small quantity of emetic tartar (gr. $\frac{1}{4}$ ad gr. $\frac{1}{2}$.) or some other re-

Cure of the
cholera mor-
bus.

laxant,

laxant, may be given dissolved in part of the liquor, and repeated in three or four hours : or if the vomiting be not very troublesome, from 20 to 30 grains of rhubarb may be taken with advantage, the patient drinking some of the abovementioned liquors.

When the strength is reduced by the evacuation, and the *primæ viæ* cleared of feculent matter by this treatment, the vomiting and purging are to be stopt by opiates, and (No. 3. 13.) may be used ; but if the patient should be so much weakened by the evacuation, and irritation, before any assistance is called in, as to be in danger of sinking, they are to be exhibited immediately. In both cases the opiate is to be repeated in a smaller dose at six or eight hours interval, for two or three times.

Cure of the
diarrhœa.

Diarrhœas, when not attended by sickness, fever, irritation, or pain, and when they have not continued long, only require the *primæ viæ* to be cleared by a purgative increasing the peristaltic motion, such as

(No. 42.) ℞ Aq. Menth. Vulg. ℥iss
Aq. Nuc. Mosch. ℥iij
Pulv. Rheī — — ʒj ad ʒss
Syr. e Cort. Aur. ℥ij.

m Ft. Haustus. Capt. ante Merid. vel Hora somni.

The patient should use food of easy digestion, and avoid exposure to cold.

If they be attended with any of the above symptoms, or continue above two or three days, they are to be treated in the same manner as dysenteries.

If in a dysentery the pulse be hard, full, and strong, as it often is in cold climates, in the spring, and in strong habits, we should endeavour first of all to take off these inflammatory symptoms by bleeding, which sometimes requires to be repeated ; but where they
are

are not present, as they seldom are in autumn, in warm climates, or in irritable habits, this evacuation is useless, and frequently detrimental.

After the bleeding, where it is proper, or otherwise without performing that operation, the *primæ viæ* are to be cleared both of the feculent matters, and fluids secreted into them; these, as in all other cases of increased secretion where the glands are inflamed, being very apt to stimulate and putrify.

When the stomach is much affected, an emetic is to be exhibited; and it ought to be managed in the same manner as has been directed in fevers, as we wish it here also to exert its relaxing power, and throw the circulation upon the skin.

A purgative is also to be given, and we should chuse those which act principally by increasing the peristaltic motion of the intestines, as it is not a greater secretion which is required, but an evacuation of the matters already contained. Although rhubarb does not purge so copiously, yet as it clears the *primæ viæ* better, it is preferable to most others. We rather chuse therefore to continue to employ it with the older physicians, than give it up as some late practitioners have done, not considering the above intention, nor the progress of the disease after its operation, but merely the copiousness of the evacuation. It may be given as in (No. 42.)

While the disease continues, it is to be repeated frequently for the same purpose, and also to prevent any thing's being retained in the upper part of the intestines, where the peristaltic motion is now going on too slowly.

After the operation of the purgative, we are to endeavour to throw the circulation on the exterior parts of the body by relaxants.

(No.

(No. 43.) ℞ Pulv. Ipecac. gr. ij ad gr. v
 vel ℞ Sacchar. Alb. gr. v
 Tartar. Emetic. gr. $\frac{1}{4}$ ad gr. ss
 Ft. Pulv.

vel ℞ Aq. Menth. Vulg. ℥iss
 Polychrest. Rupell. ℥ij ad ℥i
 Aq. Nuc. Mosch. ℥ij
 Syr. e Cort. Aur. ℥ij
 m Ft. Hauft.
 Capt. iv^{ta} quâque horâ.

The intestines are at the same time to be defended by mucilaginous medicines, and the secretion checked by gentle astringents.

(No. 44.) ℞ Gum. Arabic. ℥ij
 Solv. in Aq. Hord. lb ij
 adde
 Syr. Limon. — ℥ij
 Bibat pro potu.

(No. 45.) ℞ Aq. Font. — lbij
 Corn. Cerv. Calc. et Præp. ℥ij
 Gum. Arab. — — ℥ij
 Coque, ut Gum. solvatur.
 Bibat. poculum frequenter.

Mucilaginous glysters, as (No. 27.) take off the stimulus arising from attempts to evacuation, when little or nothing is contained in the lower part of the intestines; which stimulus is sometimes the sole cause of the continuance of the disease. When injected every four or five hours, they are now and then sufficient for the cure; and are in all cases useful.

It is also of considerable use to avoid, as much as possible, any attempt to go to stool; and if there be soreness about the anus, it should be rubbed with *unguent. simplex*, or any other expressed oil that is just fluid in the heat of the body. Or if the other symptoms are greatly diminished, and this continues, an opiate may be added to the mucilage in the glyster.

Stimulants applied externally to the belly, have been found useful in relieving the pain.

(No. 46.) ℞ Spt. Vin. Rectif. ℥viiij

Ol. Menth. — ℥ij

Sapon. Venet. ℥ss

Solve. Ventri applicentur lintea calida, linimento hocce madefacta, ter quaterve indies.

At the same time the patient should be kept in as pure air as possible, provided that it be always moderately warm, and that he be not exposed at any time to cold, especially in those circumstances in which it is most liable to affect the system.

The food ought to consist of preparations of farinaceous vegetable substances.

If notwithstanding the treatment already proposed, the purging should go on, so that there is danger to be apprehended from the weakness, or irritation; astringents, and particularly opium, may be given along with the other medicines, and from $\frac{1}{3}$ to half a grain of it, may be taken every eight hours: but when they are employed at the beginning, especially alone, they stop the secretion, but leave the inflammation, and death ensues either from the symptoms of irritation, or now and then from gangrene and mortification of the intestines.

If

If the disease still continues, and the symptoms of irritation are not very violent, the opium is to be exhibited alone, or spices are to be joined to it; or other astringents may be employed; such as,

(No. 47.) $\mathcal{R}$ Cort. Semaraubæ $\mathfrak{z}$ ss
 Coque in Aq. Font. $\mathfrak{ss}$ ad $\mathfrak{ss}$
 Colaturæ Capt. $\mathfrak{z}$ ij iii^{ia} quâque
 horâ.
 Vel $\mathcal{R}$ Extract. Lign. Campeach. $\mathfrak{z}$ ij
 Ft. Pill. xx. Capt. ij vel quatuor
 sextâ quâque horâ.

Or astringents, spices, and opium may be given together.

Or opiates or astringents may be added to the mucilaginous glysters.

But it is to be observed, that it is the secretion we wish to stop by these astringents, and not the evacuation of the matters already contained in the intestines; for this reason the purgatives ought to be repeated, even during the use of the astringents.

In recent cases we may expect the cure to succeed quickly; but in those of longer continuance, a perseverance in the proper remedies is necessary, especially if the intestines should be exulcerated; and then indeed the disease is frequently fatal.

A dysentery accompanying a fever is also very dangerous, as either disease being cured, the other may continue, and as both together may soon weaken and kill. We are to endeavour to take off the fever, by the remedies already pointed out at the beginning of a violent one, and afterwards to treat the disease as a simple dysentery, being more cautious in employing astringents.

After the purging is stopt, the patient often becomes costive, and if he be suffered to continue in that state for two or three days, he is apt to relapse; the belly is therefore to be opened by bitter purgatives.

After the disease is cured, the bark may be employed to restore the strength. It is also sometimes of use during the purging when it has continued long, and the ordinary symptoms of weakness appear.

The VENEREAL DISEASE.

ALTHOUGH it be not confined to the mucous membrane, yet as the principal symptoms at the beginning depend on inflammation or exulceration of this part of the body, it is to be treated of here.

Cause.

It is always propagated by an infection, the first appearance of which in *Europe* was in *Spain*; it was afterwards carried to *Naples* in 1494, and from thence it spread almost instantaneously over *France*, *Germany*, *Great Britain*, &c.

The venereal matter must be applied in a fluid state; 1st, either to some part of the body where the mucus is soft, as it is in the parts of generation, (which are generally first infected or about the nipples, lips, *anus*, &c. or 2dly, to a wound or ulcer; or it may pass from a mother to a child, although commonly in this case, it adheres to the skin, in the passage through the *vagina*.

It almost always occasions a conversion of the *mucus* of the part, or of the fluids of the ulcer or wound, into a matter similar to itself; and when a sufficient quantity has been thus produced, it brings on an inflammation in the mucous membrane or glands, or in the wound or ulcer, and it is afterwards sometimes absorbed into the general system of vessels, but very seldom before: the first symptoms therefore appear in the part where the infection was received.

Gonorrhœa.

When it is mixed with the soft *mucus*, it produces

1st, An inflammation, and great secretion from the mucous glands, in which case, it is not often absorbed

forbed into the general system; and the disease is called a *gonorrhœa*.

Or 2dly, one or more little erysipelatous inflammations, followed by small watery pustules, which break; and ulcers called chancres are formed; after which it is commonly absorbed in two or three days, as it generally is, when a wound or ulcer are at first infected; this also happens sometimes in a *gonorrhœa*, and always when a child receives it from its mother; and the distemper is called the *Lues Venerea*.

Lues venerea.

The *urethra* and *vagina* are for the most part affected with *gonorrhœa*, and the *glans*, *prepuce*, *labia pudendi*, *perinæum*, *anus*, nipples, lips, &c. with chancres; although either may take place in any of those parts.

Most people are infected by the venereal matter mixing with, and being retained in, the *mucus* of the *urethra* or *vagina*, or upon the *glans*, *prepuce*, or *labia pudendi*, from which it cannot be washed off by the urine, on account of the insolubility of the *mucus* in water, and the symptoms do not appear till after 24 hours, nay sometimes not till after three weeks from the time of receiving the infection, but most commonly they arise in four, five, or six days.

A *gonorrhœa* from the *urethra* in a man begins with an uneasiness about the parts of generation, together with an appearance of a little whitish matter about the orifice of the *urethra*, a little swelling, and sometimes redness there, and a slight pungency upon the evacuation of urine. The whitish matter soon increases in quantity, the inflammation about the end of the *urethra* becomes more evident, and for the most part there is now a tension, and hardness through the whole of it, a swelling of the *lacunæ*, and a sensation of stricture in the *penis*, particularly on erection.

Gonorrhœa
from the ure-
thra in men.

Chordes.

erection. The matter still increases, flows out, and grows thinner, loses its adhesiveness, and is of a yellow or greenish colour. There is now always a redness about the end of the canal, often a pain from the distention of the *urethra* during the evacuation of urine, and a much severer one towards the orifice from its *stimulus*, with an increase of the redness, just after it is evacuated. The inflammation prevents the extension of the *urethra* in erection, so that the *penis* is at that time curved downwards with great pain, which is increased if it be raised towards the belly, and the *stimulus* occasions it often to be erected, especially when warm in bed, and sometimes prevents sleep, or awakens the patient, and now and then produces involuntary emissions of the *semen*.

Hæmorrhage.

Strangury.

Phymosis.

Paraphymosis.

Œdematous phymosis.

Sometimes the matter is very thin, or streaked with blood, all the inflammatory symptoms are more violent, and the patient is affected with strangury. The prepuce also is sometimes inflamed about the end, and cannot be drawn back, which is called *phymosis*; or being drawn behind the *glans* cannot be returned, which is called a *paraphymosis*, when the inflammation is increased by the stricture, and now and then gangrene and mortification are produced; or the whole of it is affected with œdematous swelling, also called *phymosis*. In all these cases ulcers are apt to arise, especially in the two last.

Thus the inflammation continues to increase, generally for about a week or two; but it admits of a natural cure, for the *mucus* washes off the venereal matter faster than it is formed, until at last the infection is totally carried off. While this is taking place, the symptoms continue nearly the same for some time; they afterwards begin gradually to decrease, the erections are not so frequent, nor with so much pain,

pain, there is not so much inflammation, nor pain from the evacuation of urine, the matter becomes thicker, whiter, and adhesive, gradually diminishes in quantity, becomes irregular often towards the last, pieces of *mucus* having a fibrous appearance being mixed with the urine; at last the running ceases, and the inflammatory symptoms at the same time gradually decreasing, leave the patient. Or the infection being carried off, the secretion continues, but in a smaller quantity, thicker, and whiter, and with much less inflammation, for months, or sometimes for years, for the most part going off at last; or not being carried off, the symptoms continue, although commonly with less inflammation than at the beginning. Or exulcerations may be produced, the matter absorbed, and the *lues venerea* brought on, particularly when any fresh cause of inflammation is applied, when the disease continues long, or the infected *mucus* is suffered to remain between the *glans* and prepuce. Or an absorption may sometimes, although seldom happen without exulceration, and be attended with the same consequence.

A *gonorrhœa* from the *vagina* and *urethra* in women, begins with a heat, itching, and uneasiness about the parts of generation, followed by a redness about the orifice of the *urethra* extending to the mouth of the *vagina*, a running similar to that already described, with pain for the most part upon the evacuation of urine, and also in sitting when the parts are pressed upon, and in walking, or upon the *vagina's* being distended. It has otherwise the same progress and terminations as in men, except that the symptoms are sometimes increased after menstruation. But if the disease affect the *vagina* only, the inflammatory symptoms are often very trifling, or if they make

In women:

their appearance at the beginning, they go off, so that the patient is hardly sensible of any other inconvenience but the running.

From external parts.

A *gonorrhœa* from any of the external parts, very seldom happens; when it does, (as from the *glans*, for instance) it begins with redness and swelling, the surface is sometimes covered with a whitish crust, similar to *aphthæ*, and there is afterwards an ouzing of a matter like that from the *urethra*, the inflammation at first increasing; the infection however is gradually washed off, and the progress and terminations are nearly the same as before described.

From the eyes, and nostrils.

Gonorrhœas may also arise in the eyes, and nostrils, with symptoms similar to those above-mentioned, except for the part affected.

Strictures.

When a *gonorrhœa* continues long, it sometimes produces a stricture in the part, particularly in the *urethra* in men, so as to occasion a difficulty in the evacuation of urine, often attended with great pain, the water flowing out in a small stream, or only by drops; and now and then it also produces a degree of inflammation, and a disposition to contraction in the bladder, and the *urethra* also contracting, the stoppage is increased: this generally goes off with a secretion of *mucus* from these parts, but it may have the other progresses and terminations of an inflammation of the bladder; and often no such affection takes place, or if it does, it goes off, and the stoppage and pain continue for years.

In the urethra in men.

In the urethra in women, and vagina, and the prepuce.

A similar stricture takes place in the *urethra* in women, but not near so frequently, and also in the *vagina* preventing its distention; it happens likewise in the end of the prepuce in men, which it prevents from being drawn back after all the other symptoms are gone off.

The

The neighbouring parts, particularly the testicles, glands in the groin, and sometimes the *perinæum*, are also subject to phlegmonous inflammation from slight *stimuli*, such as motion in exercise, pressure, &c.

Phlegmonous inflammation.

The testicle inflames with the common symptoms of swelling, pain, heat, hardness, redness, &c. the running for the most part at the same time diminishing or ceasing.

Inflammation in the testicles.

The progress to suppuration, gangrene and mortification, and *scirrhus*, is also the same as in other inflammations of these glands; and it admits of a natural cure, for the running may begin to increase again, the pain, swelling &c. to decrease, and at length they may leave the patient, the swelling and hardness often continuing for a considerable time.

The lymphatic glands in the groin likewise sometimes inflame, even when there is no absorption of the matter; but this case can only be distinguished from those where there is, by the event, which is not to be waited for.

Buboes without infection.

The inflammation of the *perinæum* is attended with the common symptoms of that disease.

Inflammation of the *perinæum*.
Distinctions.

The venereal *gonorrhœa* should be distinguished from that in which there is no infection; from the *fluor albus*, and other increased secretions from the different parts subject to this distemper; from involuntary emissions of the *semen*; ulcers in the urinary passages; and increased secretions from their mucous *membrane*, from a stone, or any other cause.

When the *lues venerea* begins with a chancre, there is at first a little erysipelatous inflammation, with itching on the *glans*, prepuce, *labia pudendi*, &c. followed by one or more small pustules, filled with a transparent fluid, becoming sometimes white; these break, and a small, but spreading ulcer is formed,

Symptoms of the *lues venerea*.
Chancres.

times painful, generally inflamed, sore, and unequal at the bottom, often with hard, protuberant, ash-coloured edges, covered with whitish sloughs, and of difficult cure.

They should be distinguished from little excoriations or ulcers produced, either by rubbing the parts, or by the matter which sometimes is accumulated about them, when they are not kept clean; or by the *fluor albus* on the *labia pudendi* or thighs in women, or on the *glans* and prepuce in men; these, when they arise from coition, appear immediately, and are of easy cure, or go off of themselves in a few days.

Ulcer in the urethra.

If the disease begins with an ulcer in the *urethra*, without *gonorrhœa*, which it very seldom does, there is a soreness, and disposition to the evacuation of urine, with pain on its being evacuated, and an oozing of a small quantity of a thin, watery fluid; and sometimes a *gonorrhœa* follows.

Venereal ulcers.

If an ulcer or wound are infected, they inflame, and spread with soreness, or pain, and inequality of their surface; they are often covered with whitish sloughs, and have ash-coloured edges.

First symptoms in children.

If children receive the infection from their mothers, they now and then are born with symptoms of the disease, as inflammations of the skin, *gonorrhœa*, &c. but for the most part there is no appearance for several days; in about a week however, eruptions, with brownish scabs degenerating into ulcers, arise about the angles of the mouth, or other parts of the head, or over the whole body.

Absorption in gonorrhœas.

It is not certainly known, if there be at any time an absorption in a *gonorrhœa* without exulceration; but sometimes in long-continued ones the infectious matter

matter gets into the system, perhaps from an ulcer in the *urethra*.

From the ulcers, wherever they are, the matter is absorbed by the lymphatics, and sometimes as it passes along inflames them, and there is a redness, hardness, and soreness in their course to the first lymphatic glands; often however there is no appearance of this kind.

Inflammation
of the lym-
phatics.

Whether there be or not, an inflammation of the first glands they pass through, called a *bubo*, is often produced, which, as the parts of generation are most commonly first infected, is generally in the groin; it begins with soreness to the touch, hardness and swelling of the glands; these symptoms increase, and are attended with pain, especially on moving, redness of the skin, and the other symptoms common to inflammation. It sometimes terminates quickly in suppuration, sometimes, like other inflammations of glands, it suppurates very slowly, sometimes terminates in scirrhusity, very seldom in gangrene. If it suppurates, when the abscess formed from it breaks, or is opened, the ulcer is generally venereal, I believe always so. The ulcer is sometimes dangerous from its disposition to spread and form sinuses, and from its vicinity to large vessels; and it is often cured with difficulty.

Bubo.

It should be distinguished from other inflammations of these glands brought on by external *stimuli*, as rubbing, &c. or by stimulating fluids, as *pus*, cancerous matter, &c. passing through them; and from an abscess following inflammations of the cellular membrane below the *psoas* muscle, and from ruptures.

Whether a *bubo* arises or not, the matter continues its course through the lymphatics into the blood vessels.

Symptoms of
the matter in
the system.

When the venereal matter gets into the system, it generally produces inflammations and ulcers in some part of the body, most commonly in the mucous membrane, or skin; but sometimes it may continue for many years, before it has any effect; now and then it never makes its appearance; and for the most part it has been absorbed for some time before any symptoms take place.

If it be secreted in the glands of the mouth or throat, it inflames the membrane and occasions ulcers, attended with the common symptoms of ulceration in those parts, such as hoarseness, pain, and difficulty in swallowing, &c. and similar to the other venereal ones already described; these ulcers spreading, the bones become carious, and openings are made from the mouth to the nose, the palate being destroyed; and the nose itself sinks, its cartilages and bones also being eat away.

If secreted on the skin, it produces reddish, or purplish spots; or an eruption covered with brownish scabs, often degenerating into venereal ulcers, which, if they happen in the palms of the hands, soles of the feet, or about the *anus*, have often the appearance of fissures in the scarf skin, ouzing out a thin matter with great soreness and pain.

If secreted in the eyes, inflammation and exulceration arise there, with loss of sight; if in the ears, the like inflammatory symptoms are brought on, (although seldom) with deafness and *caries* of their bones.

Although the parts of generation were not the first parts infected, the distemper sometimes appears there and about the *anus*, but not always.

Ulcers of the lungs are now and then the consequence,

quence, and pulmonary consumption. Sometimes too there is swelling of the lymphatics, and other glands.

Or it affects the *periosteum* and bones, and brings on pains in them; especially on the body's being heated, and during the natural evening paroxysm of fever which they render more evident, going off with it in the morning with sweat; the *periosteum* swells, and becomes hard, with an appearance of swelling in the bones, and sometimes they do swell, at others become soft or carious.

Sometimes before the matter gets into the system, or at any other time of the disease, excrescences arise on the *glans*, prepuce, *labia pudendi*, *anus*, &c. either where there have been ulcers, or without any previous exulceration; they are of various figures, are called warts, or by other names, and are generally red and soft, sometimes hard and callous, seldom painful.

Various other anomalous symptoms are also brought on by the infection or irritation; but these, if the distemper is not cured, are at least for the most part prevented, from the general knowledge and use of mercury, and are not so often seen now, although the infection has lost none of its virulence, as has been supposed.

There are habits which will bear up against the disease for many years; whilst, in others, the appetite is lost, the pulse rendered more frequent, the evening paroxysm of fever increased and continued through the day time, dropfical swellings of the legs, swelling of the *abdomen*, and other symptoms of weakness and irritation come on, and the patient sinks.

Distinctions. Venereal ulcers, eruptions, pains, &c. should be distinguished from those arising from other causes.

Prevention. When the infection is communicated by the matter's being mixed with the mucus of the *urethra*, *vagina*, *glans*, prepuce, &c. if no running, ulcer, or pustle have as yet appeared, it may be washed off, and the disease for the most part prevented by

(No. 48.) ℞ Caustic. Com. Fort. Pharm. Lond. ʒj
Solv. in Aq. Font. — Itj
et cola per Chartam.

Some of the above solution is to be mixed, by a little at a time, with a cup full of water, till it be strong enough to wash the *mucus* from the mouth without giving much pain. Fill a syringe with this liquor, and inject it into the *urethra*, or *vagina*, retaining it there for about a minute; then add to the remainder of the liquor a tea-spoonful of the solution, and wash the *glans*, prepuce, *labia pudendi*, &c. lastly inject, and wash with a little pure water, milk-warm.

Cure of the gonorrhœa.

The *Gonorrhœa* may be cured,
1st, By assisting the natural cure.
2dly, By injections.

3dly, By mercury alone. Or the success of the two first methods may be ensured by it.

The natural cure is assisted,

1st, By diminishing the inflammation by bleeding, if the patient be strong or plethoric, the pulse full and hard, and the chordee frequent and painful; from ʒxij to ʒxx of blood may be taken away, but the operation seldom requires to be repeated, and the frequency and pain of erection are the only symptoms we can hope to relieve by it, and that too
in

in the cases now described, for in others (the inflammation being kept up by the *stimulus* of the matter and the urine) it has no effect, or it is detrimental, especially if the habit be irritable.

2dly, By drinking plentifully of mucilaginous watery fluids acidulated (as No. 32. without the Sem. Petrosel.) to dilute the urine, and prevent its neutral salts from stimulating and increasing the inflammation.

3dly, By the application of emollient fomentations, and poultices.

4thly, By injecting oily or mucilaginous fluids into the *urethra* or *vagina*, and by rubbing them on the *glans*, prepuce, *labia pudendi*, &c. as

(No. 49.) ℞ Sev. Ovil. Curat. ʒi

Ol. Olivar — ʒii m

Liquefiant leni calore, tempore utendi.

5thly, By increasing the secretion a little by such gentle purgatives, as procure only two or three evacuations a day. Severe purging often augments the inflammatory symptoms, brings on strangury and exulcerations, gives occasion to inflammation of the testicles, and other neighbouring parts; or it stops the running before the infection is washed off, and the *gonorrhœa* either returns in a few days, or exulcerations take place. Long-continued purging is apt to weaken the stomach and intestines, to hurt the digestion, to produce obstinate gleans, and leave hypochondriacal symptoms, particularly in irritable or melancholic habits.

6thly, By avoiding exercise, salt, spices, and too much animal food, especially at the beginning, when there is a great deal of inflammation.

If

If with the above treatment the inflammatory symptoms diminish, the running becomes thicker, and, at the end of four or five weeks, leaves the patient; there is then no reason to suspect the system to be infected.

If any of the preparations of mercury described below, be used with the above remedies, their effects are rendered more certain.

2dly, The substances to be used in the cure by injections are,

(No. 50.) (a) ℞ Aq. Font. ℥ viij

Gum. Arab. ℥vj

Calomel. 6^{ties} sublimati (Mercurii crudi ℥i singulis libris singulis Vicibus additâ) et in pulverem tenuissimum triti ℥ss m.

(b) ℞ Aq. Rosar. ℥i

Merc. Subl. corros. gr. j.
solve

℞ Solution. præscript. g^{tt} xxx
ad LX

Aq. Rosar. ℥i. m

If this injection be employed, we are to begin with it weak, and gradually to increase its strength, so that the patient suffer but little pain after it is evacuated: a piece of soft linen rag is to be kept between the *glans* and prepuce during its use.

(c) ℞ Aq. Rosar. ℥ij

Sacchar. Saturn. gr. v ad x
solve

(d) ℞ Ol.

(d) ℞ Ol. Olivar. ℥ij

Mercurii, saliva vel Mucilage Gum. Arab. extinct.
℥i ad. ℥iij. m

Preparations of copper, zinc, and vegetable astringents, have also been employed by some people.

A little of one of these injections is to be thrown into the *urethra* or *vagina* at first four times, afterwards three times, and at last once in 24 hours, and kept there for about a minute.

The sooner they are used the better.

No previous treatment is required except bleeding: (vide the first method in the natural cure.)

We should always exhibit mercury at the same time, in the manner recommended in the *lues venerea*.

If a sense of stricture towards the bulbous part of the *urethra* should be felt, or if the running should not stop in a fortnight, notwithstanding the use of the injection, it should be left off; but the mercury should be continued, the inflammatory symptoms being kept off by the bark: if the *gonorrhæa* does not stop in a fortnight more, recourse must be had to the injection. The mercury is to be exhibited for a week or two longer, if the symptoms do not go off in that time. Bark may also be given at the beginning, to the quantity of an ounce in 24 hours for a day or two, and afterwards to ℥iij; having first bled the patient, if his habit be plethoric, or his pulse hard. Should the disease be carried off by the injection in a few days, it is nevertheless safer to persist in the use of the mercury for a month; but it is not always absolutely necessary.

Omitting the injection once or twice will often make it fail of curing, when it would have otherwise produced that effect.

The 1st, 2d, and 4th remedies recommended in the natural method, are to be used in this.

This method for the most part cures sooner, with much less pain and with as great safety, provided mercury be used, as the former; and patients treated in this manner are less liable to inflammation of the testicles, or of the glands of the groin, or to chancres or strictures.

3dly, The cure by mercury is performed,

1st, By bleeding, if the patient be plethoric.

2dly, By the 1st, 2d, 3d, 4th and 6th remedies, recommended in the natural method of cure.

3dly, If at the beginning, the inflammation be troublesome, an ounce of bark is to be given every 24 hours till it abates, and afterwards three drachms.

4thly, Mercury is to be employed internally, as in the *lues venerea*.

Cure of the
lues venerea.

When there is any ulcer, or any symptom of the matter's having been absorbed, the patient cannot be cured with safety and certainty, unless mercury be exhibited.

The preparations of Mercury to be used are,

(No. 51.) ℞ Terebinth. Venet. ʒij

Mercur. Crud. — ʒj

Terantur simul, quamdiu Guttula vel minima
appareat, dein adde Unguent. simpl. ʒxiv.

Turpentine is here prescribed, because we are more certain of extinguishing the mercury with it, than with any other substance (excepting balsam of sulphur, which is foetid) although it is sometimes apt to produce little pimples on the skin, which are however of no material consequence.

From one drachm to three of this ointment is to be rubbed thoroughly into the thighs, arms, or legs,
every

every other night, beginning, if a salivation is not intended, with $\mathfrak{zj}$ the first time ; and, if the mouth is not at all affected, increasing it to $\mathfrak{zj} \mathfrak{ij}$ the second ; and gradually afterwards by gr. x at a time, as long as the mouth will bear it. If it be intended, we begin with $\mathfrak{zij}$ every other night, and increase or diminish the dose, so that the patient shall spit from $\mathfrak{liij}$ to $\mathfrak{liiv}$ every 24 hours.

(No. 52.) (a) $\mathfrak{R}$ Mercur. crud. — $\mathfrak{zj}$
Terebinth. Venet. $\mathfrak{zjss}$

Terantur simul, quamdiu guttula Mercurii apareat, addendo Guttas aliquot Olei Terebinthini, si opus sit. Dein cum q. s. Pulv. Glycer. Fiant Pillulæ Lxxx. Capt. j vel ij mane et vespere.

(b) $\mathfrak{R}$ Merc. calcinat. gr. j ad iij
Extract. Gentian. q. s.

Ft. Pillula. Capt. Vesp.

If either of the above preparations should purge the patient,

(No. 53.) $\mathfrak{R}$ Opii gr. $\frac{1}{3}$ ad gr. j
Tart. emet. gr. $\frac{1}{3}$ ad gr. ss.
m Ft. Pillula Capt. mane et vespere.

The compounds of mercury and acids are much more uncertain remedies than the above, and ought never to be used, unless the patient be in a situation where he runs the greatest risque of catching cold. When they are given it may be in the following form.

$\mathfrak{R}$ Spt. Vin. dilut. (Angl. *Proof* dicti)
 $\mathfrak{zss}$
Merc. Sub. Corros. gr. ss. ad gr. j
solve. Capt. mane et vespere.

What-

Whatever preparation we employ, we should give it in such manner, and in such a dose, as to produce hardness, fullness, and moderate frequency of the pulse, with as little sensible evacuation as possible; for the mercury cures sooner, and with greater certainty, when the strength is but little, than when it is much reduced by it. Therefore, unless the case be very urgent, we are to begin with small doses at first, and afterwards gradually to increase them; giving opium and antimony, and now and then a small dose of rhubarb, if the intestines are affected; and omitting the medicine for two or three days, if there be symptoms of salivation, till these be gone off.

The symptoms of approaching salivation, are a disagreeable taste in the mouth, and soreness of the gums, or salivary glands.

The ointment should always be employed in bad cases; but in slighter ones, in *gonorrhœas*, and where there is great risque of catching cold, the mercury may be used internally.

It is never necessary to salivate a patient, unless he be so irritable that the smallest dose of mercury immediately affects his mouth; or unless the disease be proceeding so fast, that it would be hazardous to wait till it was checked by the remedy given in such a manner as to avoid salivation; or excepting when we cannot trust to his using it regularly. On the contrary, salivation rather renders the effect of the medicine uncertain.

The precautions necessary to avoid salivation, are, 1st, Exhibiting the mercury as has just been described: 2dly, Taking care not to stimulate the salivary glands, either by rubbing the skin over them, and keeping it too warm with flannel, or by any stimulus in the mouth: 3dly, Avoiding sudden exposure

to cold. It is to be observed, that the patient is rendered irritable by the use of the mercury. Hence cold applied in the circumstances in which it is apt to produce diseases, (vide the *Catarrh*,) brings on salivation, dysentery, or rheumatism; and the *stimulus* of the mercury being directed to the salivary glands, or intestines, produces in them greater inflammation, than that which takes place in a salivation from mercury alone, or in a dysentery from cold alone. It is by no means necessary however to confine him to a close, warm room, except in a salivation; it is sufficient if he wear flannel or cotton next his skin, and carefully avoid a moist atmosphere, or rain, and the evening air: on the contrary, the air of a close room often, nay sometimes that of a large town, prevents the healing of venereal ulcers, or even the destruction of the infectious matter by the mercury, and the patient cannot be cured, unless he be removed into a freer air, or into the country.

If notwithstanding these precautions, a salivation should come on, we know of no remedy which will remove it with any degree of certainty, although sulphur, camphire, and purgatives, have been recommended for this purpose. If therefore the case be urgent, the best way is to let it go on, using the mercurial ointment as before described: and we should confine the patient to a room where there are no streams of air, but which, at the same time, is not too warm: he should be clothed with flannel, and no food ought to be given him but what is of easy digestion and good nourishment. If the symptoms are increasing slowly, the mercury should be omitted till the salivation goes off, and afterwards recurred to.

The mercury, whether we salivate or not, should be continued four or five weeks, even if the symptoms should leave the patient before that time.

It should be continued till all the symptoms are gone off, except

1st, When a *gonorrhœa* remains with little inflammation. (Vide the *Gonorrhœa Benigna*.)

2dly, When the patient is much reduced by it, and there are ulcers which do not put on the appearance of healing. In this case, it is to be left off, and the patient strengthened, and the common means of curing ulcers not venereal, are to be employed; if these do not succeed, he is to return to the use of the mercury.

3dly, When ulcers covered with foetid sloughs appear, and spread exceedingly fast; in this case bark, and the other remedies for gangrene and mortification, are to be made use of.

4thly, When only rheumatic pains remain, these often arising from the mercury itself, are to be cured by preparations of antimony, and sarsaparilla.

If by the imprudent use of mercury, or exposure to cold, a salivation with great inflammation of the salivary glands and mouth is brought on, it is to be omitted, and the common antiphlogistic remedies used, till these symptoms are carried off. If dysentery should be brought on, we are to take away from $\mathfrak{z}$ xij to $\mathfrak{z}$ xvj of blood, afterwards to give a dose of rhubarb; lastly, to stop the purging by (No. 53.) leaving off the mercury for a day or two.

If rheumatism is produced, it is to be treated in the manner directed in that disease.

If the mercury should occasion general inflammation to a degree which may be dangerous, from $\mathfrak{z}$ xij to $\mathfrak{z}$ xvj of blood are to be taken away.

If

If there be venereal ulcers of any kind, bark may be given with advantage along with the mercury, to the quantity of $\mathfrak{z}$ ss every 24 hours; but we are to bleed first, if the patient be of an inflammatory habit, or plethoric. The same medicine may also be used in all cases where the patient's strength is in danger of being too much reduced by the mercury.

If there be eruptions, or pains in the bones, decoctions of woods containing resinous substances, and relaxants, are of considerable use.

(No. 53.) $\mathfrak{R}$ Rasur. Lig. Guaiac. $\mathfrak{z}$ ij
 Coque in Aq. Font. $\mathfrak{lb}$ iv ad $\mathfrak{lb}$ i.
 Colaturæ adde Tart. Emet. gr. $\frac{2}{3}$
 ad gr. i ss. Divid. in partes iij.
 Capt. unam mane, alteram post
 prandium, tertiam H. S. quotidie.

Guaiacum, sarsaparilla, and some other remedies, have sometimes cured the disease without mercury, particularly in warm climates, but they are never to be trusted to alone.

If the patient be not salivated by the mercury, he may use such animal food as is of easy digestion, but he is to avoid salt, spices, and wine.

If there be an œdematous *phymosis*, from $\mathfrak{z}$ j to $\mathfrak{z}$ iss of bark is to be given every 24 hours until the inflammation abate, and afterwards $\mathfrak{z}$ ss: mercury likewise is always to be exhibited in this case. *Phymosis* from stricture alone, frequently goes off with the other symptoms. In every kind of *phymosis*, milk and water is to be injected between the *glans* and the prepuce, three or four times a day; and, if a very painful ulcer should be formed there, and should not give way to bark and mercury, the prepuce should be slit open, or if that be not sufficient, entirely cut off.

Treatment of
particular
symptoms.

In the *paraphymosis* the prepuce should be cut, emollient fomentations and poultices applied, and the other antiphlogistic remedies employed; and mercury is always to be exhibited.

Inflammation of the testicle is to be treated as any other external phlegmonous inflammation; the testicle is to be suspended by proper bandages; fomentations and poultices (No. 33.) are to be applied. Purgatives, as evacuants, are useful, if they reproduce the *gonorrhœa*; and strong vomits, where the constitution will bear them, sometimes carry off the inflammatory symptoms immediately.

(No. 54.) ℞ Turpeth. Mineral. gr. iij ad v.

Pulv. Glycyrr. gr. xx m

Vel Tart. Emet. gr. iij ad v

Ft. Pulv. Emet. Capt. Vespere, Superbibend. Aq. Calid.

When the inflammatory symptoms are gone off, mercury should always be used, and, if a hardness remain, the poultices are to be continued, and the skin of the *scrotum* rubbed with volatile liniment two or three times a day; and no other means are to be used to stop the running.

If a stricture should remain in the *urethra*, and produce inflammatory symptoms, these are first to be taken off by the common antiphlogistic remedies; after they are taken off, or where they are not present, the stricture is to be removed by *bougies*; and if the infection has not been destroyed, mercury is to be used. If after all the other symptoms are gone off, the end of the prepuce remains for several weeks so contracted as to prevent coition, it is to be cut open.

If recent chancres be the symptoms of the *lues venerea*, they may often be cured by cutting off the surface, or destroying it by caustics; but the mercury should nevertheless be continued for a month. The same external applications are to be used to venereal ulcers, as to others of difficult cure.

A *bubo*, if it be just beginning, may sometimes be prevented from suppurating: 1st, By bleeding when the habit is plethoric or inflammatory. 2dly, By immediately rubbing as much mercurial ointment on the patient's thighs as he can bear without salivation. 3dly, By the application of fomentations and poultices (No. 33.) 4thly, By the application of mercurial plaisters. 5thly, By *saccharum saturni* according to some practitioners; but I am always afraid of any salt of lead when it lies long upon a part.

If a *bubo* do not suppurate, and be not totally dispersed, some of the venereal matter may remain in the gland, till some *stimulus* occasion its absorption, when the disease may be propagated over the whole system. This happens however very rarely, and the matter may remain in the part for years together before it makes its appearance.

If the *bubo* be already large, with a good deal of inflammation, it is better to promote its suppuration by the application of poultices of bread and milk; and some practitioners supposing that it prevents the matter's passing into the system, have judged it preferable to do this always; but I think, as the infection is now to be destroyed by mercury, that it is more eligible to prevent a patient from suffering unnecessary pain. When the suppuration is completed, the skin covering the abscess is to be altogether taken

taken off, either by the knife or caustic, and the ulcer is to be treated as other venereal ones.

If there be excrescences any where, the infection is first to be got rid of by a long course of mercury; towards the end of which, they are to be cut off, and the part below destroyed by caustics, as far as it is of the texture of the excrescence; and when the sloughs have separated, the ulcer is to be treated as a common one.

Eruptions, and pains in the bones, which cannot be cured by mercury, antimony, sarsaparilla, or guaiacum, sometimes give way to the warm bath.

T H E .

GONORRHOEA, BENIGNA, OR GLEET.

IT is an increased secretion from the mucous glands of the *urethra* without infection.

It may remain after the venereal matter has been destroyed or washed off in a venereal *gonorrhœa*; or it may arise from general weakness, severe purging, exercise, frequent coition, cold, and intoxication with wine, and especially in those who have had long and frequent *gonorrhœas*.

When it remains after the infection has been carried off in a venereal *gonorrhœa*, the running is commonly thicker, whiter, often adhesive, and incapable of communicating the infection; the inflammatory symptoms are greatly diminished, but they do not go off entirely. When it takes place from any other cause, it begins with a running nearly similar to that in a venereal *gonorrhœa*, but generally less in quantity, and is not attended with so much inflammation, and is never infectious. In both cases the inflammatory symptoms may, by exposure to any of the causes, be increased to as great a degree as when there is infection; but they go off of themselves in a few days, and sometimes the running with them.

The running sometimes ceases of itself, in a week or two; sometimes it continues for years without any detriment to the patient, and now and then we meet with a case where it weakens him, brings on involuntary emissions of the semen, and at last kills.

If it arose from a venereal *gonorrhœa*, and mercury has not been used at all, or not in a sufficient quantity, or if there be a suspicion of infection, it is best

to

to begin by ensuring the destruction of the venereal matter, by a mercurial course.

It is to be stopped in weak habits by the internal use of strengthening and astringent remedies.

(No. 55.) ℞ Cort. Peruv. ℥ij
Nuc. Gall. ℥ij
Caryoph. Arom. ʒss
Infunde in Vin. rubr. Lusit. lbj per
Horas xlviii. Cola. dein Infund.
in Aq. Font. lbj per Horam, et co-
la. Colaturas misce, et capt. Æger
Coch. iv ter quaterve indies.

The other methods of strengthening the system may also be used; but it is to be observed that the cold bath sometimes increases the running.

Resinous astringents, as *balsamum copaibæ*, exhibited three or four times a day, sometimes succeed; but care should be taken to avoid exciting general inflammation by them in inflammatory habits.

The injections recommended in the venereal *gonorrhœa* continued for two or three weeks, sometimes put a stop to the disease.

Or mercurial ointment may be rubbed externally along the course of the *urethra* two or three times a day.

By one or other of these methods we can for the most part cure this distemper; but it will continue sometimes notwithstanding our best endeavours, and perhaps go off of itself at last.